



TEXAS DEPARTMENT OF STATE HEALTH SERVICES CENTER FOR HEALTH STATISTICS

Texas Health Care Information Collection

Texas Outpatient Surgical and Radiological Procedure Data Public Use Data File (PUDF)

Data Dictionary

2016

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BACKGROUND

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). THCIC became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics is now responsible for the collection and release of hospital discharge data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repeals the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015 data. Rural providers and providers that are exempt from state franchise, sales, ad valorem, or other state or local taxes, and that do not seek or receive reimbursement for providing health care services to patients from any source will no longer be exempt from the data reporting requirements of Chapter 108.

PUBLIC USE DATA FILE (PUDF)

Sections 108.011(a) and 108.012 of the THSC requires DSHS to provide public use data for computer-to-computer access. It also permits DSHS to charge the data requestor a standard fee for using the Public Use Data File (PUDF). The PUDF contains patient-level information for outpatient surgical and radiological services. These data are extracted from DSHS's outpatient services database. The providers/submitters have, by law, until the next quarter (following the discharge) to submit their data. This means that the PUDF data is a snapshot in time and each quarter may contain some discharges dated in the previous quarter (i.e. for calendar year data be sure to check the first quarter of the following year also).

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the Hospital Discharge Database (HDD) was that the data and resulting information be used for the benefit of the public. This is specified in Section 108.013 of the Texas Health and Safety Code (THSC). Section 108.013 (c) also stipulates that DSHS may not release and a person or entity may not gain access to any data that could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates the Section 108.013 and may incur penalties as stated in Sections 108.014 and 108.0141. In addition, under Section 108.013(e) and (f), patient and/or physician information in the HDD cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to the THSC, DSHS excludes all direct personal and demographic identifiers (e.g., name, address, social security number, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

To protect patient identities, DSHS has suppressed these data elements in this release of the PUDF:

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states.
- The entire ZIP code and gender code are suppressed if the ICD-10-CM or ICD-10-PCS codes indicates alcohol or drug use or an HIV diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital has fewer than five discharges of a particular gender, including 'unknown'. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital has fewer than fifty discharges in a quarter and the provider ID is changed to '999999'.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for the HIV and alcohol and drug use patient populations.
- Race is changed to 'Other' and ethnicity is suppressed if a hospital has fewer than ten discharges of a race.

To protect physician identities, the THSC requires creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Hospital Discharge Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients.

RESTRICTIONS ON DATA USE

Section 108.010(c) of the THSC prohibits DSHS from releasing provider quality reports until one year of data is available. Users of the PUDF are cautioned about using less than a year of data to make any healthcare facility quality assumptions.

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital or ambulatory surgery center for the purpose of verifying information supplied in the DSHS Outpatient Services Public Use Data sets. Any questions about the data must be referred to DSHS only. Data analysis assistance is not provided by DSHS. The data are protected by United States copyright laws and international treaty provisions.

In the Data Use Agreement, the purchaser and end-user of the data are referred to as the “licensee”. To acquire the data the licensee must give the following assurances with respect to the use of DSHS Outpatient Public Use Data sets:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the outpatient records of patients in this data set with personally identifiable records from any other source, **including any THCIC research data file** (effective Aug 1, 2012);
- The licensee will not release nor permit others to release any information that identifies persons, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:
Texas Outpatient Services Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];
- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department’s contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee’s agreement to comply with the above-stated requirements with the knowledge that under Sections 108.014 and 108.0141 of the Texas Health and Safety Code to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to \$10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the PUDF user has been informed that the potential for both civil and criminal penalties exists.

Users of report generating software to access the PUDF are required to purchase a license to use the data.

OUTPATIENT FACILITY COMMENTS

(Users are advised to consider hospital comments in any analysis of the data.)

Included with the PUDF is a separate file containing the unedited comments submitted by hospitals or ambulatory surgery centers at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals and are not necessarily the views of the DSHS. Hospitals or ambulatory surgery centers that submitted comments are identified in ‘Reporting Status of Texas Outpatient Facilities’.

A Facility Type file with 29 variables, includes the THCIC_ID and facility name. Variables clarifying the type of provider (Pediatric, Teaching Facility, Long Term Care, etc.) are included also. This is useful for data users focusing on a certain type of facility. Additionally, POA provider indicator and certification status are included.

DATA FILES

The 2016 Q1 PUDF is available in four files, the Base Data, Classification data, Charges and Facility Type Data files. The files are also available in fixed length and tab-delimited formats. The size of the files are as follows:

First quarter, 947 facilities:

| | | | | | | |
|---------------------|--------------------|---------------|--------------------|----------|---------------|----------|
| Base Data | 4,532,995 records | 128 variables | Fixed field format | 3,918 MB | Tab-delimited | 1,761 MB |
| Classification Data | 4,532,995 records | 83 variables | Fixed field format | 1,253 MB | Tab-delimited | 597 MB |
| Charges | 30,286,184 records | 19 variables | Fixed field format | 3,165 MB | Tab-delimited | 2,442 MB |
| Facility Type Data | 947 records | 29 variables | Fixed field format | 50 KB | Tab-delimited | 37 KB |

The data must be imported into a software package. No software is included with the PUDF. The data file has been tested with several software packages, including Microsoft Access, SAS, and SPSS.

Updates to any PUDF CD's are available through the THCIC website, <http://www.dshs.state.tx.us/thcic/>, which should be checked periodically as notifications of an update will not be sent.

DATA DICTIONARY

This document provides the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

| | |
|----------------------|---|
| Field | Unique, abbreviated name of the data element and brief explanation of the data element. Descriptions of data elements are taken from specifications manuals. |
| Data Source | Provided by the health care facility on the claim form (Claim) Assigned by DSHS (Assigned) Calculated by DSHS (Calculated) |
| Type | Alphanumeric or numeric |
| Coding scheme | Valid codes for a data field. Values taken from specifications manuals. |

Any data provided by a facility that has been determined to be invalid has been assigned the value ` (accent mark).
Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

CITATION

Any statistical reporting or analysis based on the data shall cite the source as the following:

Texas Outpatient Surgical and Radiological Procedure Public Use Data File, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

DATA DICTIONARY

BASE DATA FILE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|---------------------|----------------------|---|--------------------|---|----------------|---|---------------------|---|------------------|---|---------------------|---|---------------------|---|--------------|---|---------------------|---|---------|---|----------------------|---|----------------|-------|------------|---|---------------|--|--|
| Field 1: | SERVICE_QUARTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Quarter during which service occurred. Year and quarter of service. yyyyQn. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 1 | Data Source: | Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 6 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 2: | RECORD_ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 7 | Data Source: | Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 12 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 3: | THCIC_ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Provider ID. Unique identifier assigned to the provider by DSHS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suppression: | Facilities reporting fewer than 50 events have been aggregated into the Provider ID '999999'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider ID is '999998'. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 19 | Data Source: | Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 6 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 4: | SPEC_UNIT_1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coding Scheme: | <table> <tr> <td>C</td><td>Coronary Care Unit</td><td>P</td><td>Pediatric Unit</td></tr> <tr> <td>D</td><td>Detoxification Unit</td><td>Y</td><td>Psychiatric Unit</td></tr> <tr> <td>I</td><td>Intensive Care Unit</td><td>R</td><td>Rehabilitation Unit</td></tr> <tr> <td>H</td><td>Hospice Unit</td><td>U</td><td>Sub-acute Care Unit</td></tr> <tr> <td>N</td><td>Nursery</td><td>S</td><td>Skilled Nursing Unit</td></tr> <tr> <td>B</td><td>Obstetric Unit</td><td>Blank</td><td>Acute Care</td></tr> <tr> <td>O</td><td>Oncology Unit</td><td></td><td></td></tr> </table> | | | C | Coronary Care Unit | P | Pediatric Unit | D | Detoxification Unit | Y | Psychiatric Unit | I | Intensive Care Unit | R | Rehabilitation Unit | H | Hospice Unit | U | Sub-acute Care Unit | N | Nursery | S | Skilled Nursing Unit | B | Obstetric Unit | Blank | Acute Care | O | Oncology Unit | | |
| C | Coronary Care Unit | P | Pediatric Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Detoxification Unit | Y | Psychiatric Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Intensive Care Unit | R | Rehabilitation Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Hospice Unit | U | Sub-acute Care Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | Nursery | S | Skilled Nursing Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Obstetric Unit | Blank | Acute Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | Oncology Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 25 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 1 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 5: | SPEC_UNIT_2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Specialty Unit in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coding Scheme: | Same as Field 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 26 | Data Source: | Calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 1 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 6: | SPEC_UNIT_3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Specialty Unit in which 2 nd most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coding Scheme: | Same as Field 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 27 | Data Source: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 1 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 7: | SPEC_UNIT_4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Specialty Unit in which 3 rd most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coding Scheme: | Same as Field 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 28 | Data Source: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 1 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 8: | SPEC_UNIT_5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | Specialty Unit in which 4 th most days during stay occurred based on number of days by Type of Bill or Revenue Code. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coding Scheme: | Same as Field 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Position: | 29 | Data Source: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: | 1 | Type: | Alphanumeric | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field 9: | SEX_CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Description: Gender of the patient as recorded at date of start of care.
Suppression: Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients.

Coding Scheme: M Male
 F Female
 U Unknown
 ^ Invalid

Beginning Position: 30
Length: 1
Data Source: Claim
Type: Alphanumeric

Field 10: PAT_COUNTY

Description: FIPS code of patient's county.

Coding scheme:

| | | | | | | | |
|-----|---------------|-----|------------|-----|-------------|-----|---------------|
| 001 | Anderson | 129 | Donley | 257 | Kaufman | 385 | Real |
| 003 | Andrews | 131 | Duval | 259 | Kendall | 387 | Red River |
| 005 | Angelina | 133 | Eastland | 261 | Kenedy | 389 | Reeves |
| 007 | Aransas | 135 | Ector | 263 | Kent | 391 | Refugio |
| 009 | Archer | 137 | Edwards | 265 | Kerr | 393 | Roberts |
| 011 | Armstrong | 139 | Ellis | 267 | Kimble | 395 | Robertson |
| 013 | Atascosa | 141 | El Paso | 269 | King | 397 | Rockwall |
| 015 | Austin | 143 | Erath | 271 | Kinney | 399 | Runnels |
| 017 | Bailey | 145 | Falls | 273 | Kleberg | 401 | Rusk |
| 019 | Bandera | 147 | Fannin | 275 | Knox | 403 | Sabine |
| 021 | Bastrop | 149 | Fayette | 283 | La Salle | 405 | San Augustine |
| 023 | Baylor | 151 | Fisher | 277 | Lamar | 407 | San Jacinto |
| 025 | Bee | 153 | Floyd | 279 | Lamb | 409 | San Patricio |
| 027 | Bell | 155 | Foard | 281 | Lampasas | 411 | San Saba |
| 029 | Bexar | 157 | Fort Bend | 285 | Lavaca | 413 | Schleicher |
| 031 | Blanco | 159 | Franklin | 287 | Lee | 415 | Scurry |
| 033 | Borden | 161 | Freestone | 289 | Leon | 417 | Shackelford |
| 035 | Bosque | 163 | Frio | 291 | Liberty | 419 | Shelby |
| 037 | Bowie | 165 | Gaines | 293 | Limestone | 421 | Sherman |
| 039 | Brazoria | 167 | Galveston | 295 | Lipscomb | 423 | Smith |
| 041 | Brazos | 169 | Garza | 297 | Live Oak | 425 | Somervell |
| 043 | Brewster | 171 | Gillespie | 299 | Llano | 427 | Starr |
| 045 | Briscoe | 173 | Glasscock | 301 | Loving | 429 | Stephens |
| 047 | Brooks | 175 | Goliad | 303 | Lubbock | 431 | Sterling |
| 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall |
| 051 | Burleson | 179 | Gray | 307 | McCulloch | 435 | Sutton |
| 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher |
| 055 | Caldwell | 183 | Gregg | 311 | McMullen | 439 | Tarrant |
| 057 | Calhoun | 185 | Grimes | 313 | Madison | 441 | Taylor |
| 059 | Callahan | 187 | Guadalupe | 315 | Marion | 443 | Terrell |
| 061 | Cameron | 189 | Hale | 317 | Martin | 445 | Terry |
| 063 | Camp | 191 | Hall | 319 | Mason | 447 | Throckmorton |
| 065 | Carson | 193 | Hamilton | 321 | Matagorda | 449 | Titus |
| 067 | Cass | 195 | Hansford | 323 | Maverick | 451 | Tom Green |
| 069 | Castro | 197 | Hardeman | 325 | Medina | 453 | Travis |
| 071 | Chambers | 199 | Hardin | 327 | Menard | 455 | Trinity |
| 073 | Cherokee | 201 | Harris | 329 | Midland | 457 | Tyler |
| 075 | Childress | 203 | Harrison | 331 | Milam | 459 | Upshur |
| 077 | Clay | 205 | Hartley | 333 | Mills | 461 | Upton |
| 079 | Cochran | 207 | Haskell | 335 | Mitchell | 463 | Uvalde |
| 081 | Coke | 209 | Hays | 337 | Montague | 465 | Val Verde |
| 083 | Coleman | 211 | Hemphill | 339 | Montgomery | 467 | Van Zandt |
| 085 | Collin | 213 | Henderson | 341 | Moore | 469 | Victoria |
| 087 | Collingsworth | 215 | Hidalgo | 343 | Morris | 471 | Walker |
| 089 | Colorado | 217 | Hill | 345 | Motley | 473 | Waller |
| 091 | Comal | 219 | Hockley | 347 | Nacogdoches | 475 | Ward |
| 093 | Comanche | 221 | Hood | 349 | Navarro | 477 | Washington |
| 095 | Concho | 223 | Hopkins | 351 | Newton | 479 | Webb |
| 097 | Cooke | 225 | Houston | 353 | Nolan | 481 | Wharton |
| 099 | Coryell | 227 | Howard | 355 | Nueces | 483 | Wheeler |
| 101 | Cottle | 229 | Hudspeth | 357 | Ochiltree | 485 | Wichita |
| 103 | Crane | 231 | Hunt | 359 | Oldham | 487 | Wilbarger |
| 105 | Crockett | 233 | Hutchinson | 361 | Orange | 489 | Willacy |
| 107 | Crosby | 235 | Irion | 363 | Palo Pinto | 491 | Williamson |
| 109 | Culberson | 237 | Jack | 365 | Panola | 493 | Wilson |
| 111 | Dallam | 239 | Jackson | 367 | Parker | 495 | Winkler |
| 113 | Dallas | 241 | Jasper | 369 | Parmer | 497 | Wise |
| 115 | Dawson | 243 | Jeff Davis | 371 | Pecos | 499 | Wood |
| 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum |
| 119 | Delta | 247 | Jim Hogg | 375 | Potter | 503 | Young |

| | | | | |
|----------------------------|---|---------------------|-------------------------------------|------------|
| | 121 Denton | 249 Jim Wells | 377 Presidio | 505 Zapata |
| | 123 Dewitt | 251 Johnson | 379 Rains | 507 Zavala |
| | 125 Dickens | 253 Jones | 381 Randall | |
| | 127 Dimmit | 255 Karnes | 383 Reagan | Invalid |
| Beginning Position: | 31 | Data Source: | Assigned; based on patient ZIP code | |
| Length: | 3 | Type: | Alphanumeric | |
| Field 11: | PAT_STATE | | | |
| Description: | State of the patient’s mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation. | | | |
| Coding Scheme: | AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and American Territories FC Foreign country XX Foreign country | | | |
| Beginning Position: | 34 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanumeric | |
| Field 12: | PAT_ZIP | | | |
| Description: | Patient’s five-digit ZIP code. | | | |
| Suppression: | Last two digits are blank if a ZIP code has fewer than 30 patients. If state equals ‘ZZ’, ZIP code equals ‘88888’. If state equals ‘FC’ (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a facility has fewer than fifty outpatient services reported for the quarter the ZIP code is blank. If a facility has fewer than 5 patients reported of a particular gender, including ‘unknown’, the ZIP Code is blank. | | | |
| Beginning Position: | 36 | Data Source: | Claim | |
| Length: | 5 | Type: | Alphanumeric | |
| Field 13: | PAT_COUNTRY | | | |
| Description: | Country of patient’s residential address. List maintained by the International Organization for Standardization (ISO). | | | |
| Suppression: | Suppressed if fewer than 5 patients from one country. | | | |
| Coding scheme: | See <i>www.ISO.org</i> for complete list. | | | |
| Beginning Position: | 41 | Data Source: | Claim | |
| Length: | 2 | Type: | Alphanumeric | |
| Field 14: | PUBLIC_HEALTH_REGION | | | |
| Description: | Public Health Region of patient’s address. | | | |
| Coding scheme: | 1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties 2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties 3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties 4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties 5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties 6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties 7 Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties 8 Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties 9 Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties 10 Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties | | | |

11 Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak,
 , McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
 Invalid

Beginning Position: 43 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 15: LENGTH_OF_SERVICE

Description: Length of service in days *equals* Statement From Date through Statement Thru Date. The minimum length of service is 1day. The maximum is 30 days.

Beginning Position: 45 **Data Source:** Calculated
Length: 2 **Type:** Alphanumeric

Field 16: PAT_AGE

Description: Code indicating age of patient in days or years on date of service.

Coding Scheme:

| | | | | | |
|----|-------------|----|-------|----|---|
| 00 | 1-28 days | 10 | 35-39 | 20 | 85-89 |
| 01 | 29-365 days | 11 | 40-44 | 21 | 90+ |
| 02 | 1-4 years | 12 | 45-49 | | <i>HIV and drug/alcohol use patients:</i> |
| 03 | 5-9 | 13 | 50-54 | 22 | 0-17 |
| 04 | 10-14 | 14 | 55-59 | 23 | 18-44 |
| 05 | 15-17 | 15 | 60-64 | 24 | 45-64 |
| 06 | 18-19 | 16 | 65-69 | 25 | 65-74 |
| 07 | 20-24 | 17 | 70-74 | 26 | 75+ |
| 08 | 25-29 | 18 | 75-79 | | Invalid |
| 09 | 30-34 | 19 | 80-84 | | |

Beginning Position: 47 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 17: RACE

Description: Code indicating the patient's race.

Suppression: If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).

Coding Scheme:

| | |
|---|------------------------------|
| 1 | American Indian/Eskimo/Aleut |
| 2 | Asian or Pacific Islander |
| 3 | Black |
| 4 | White |
| 5 | Other |
| , | Invalid |

Beginning Position: 49 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 18: ETHNICITY

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a facility has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).

Coding Scheme:

| | |
|---|------------------------|
| 1 | Hispanic Origin |
| 2 | Not of Hispanic Origin |
| , | Invalid |

Beginning Position: 50 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 19: FIRST_PAYMENT_SRC

Description: Code indicating the expected primary source of payment.

Coding Scheme:

| | | | |
|----|---|----|-----------------------------------|
| 09 | Self Pay (Removed from 5010 format, use "ZZ" beginning 2Q2012 data) | HM | Health Maintenance Organization |
| 10 | Central Certification | LI | Liability |
| 11 | Other Non-federal Programs | LM | Liability Medical |
| 12 | Preferred Provider Organization (PPO) | MA | Medicare Part A |
| 13 | Point of Service (POS) | MB | Medicare Part B |
| 14 | Exclusive Provider Organization (EPO) | MC | Medicaid |
| 15 | Indemnity Insurance | TV | Title V |
| 16 | Health Maintenance Organization (HMO) | OF | Other Federal Program |
| | Medicare Risk | | |
| AM | Automobile Medical | VA | Veteran Administration Plan |
| BL | Blue Cross/Blue Shield | WC | Workers Compensation Health Claim |
| CH | CHAMPUS | ZZ | Charity, Indigent or Unknown |
| CI | Commercial Insurance | , | Invalid |
| DS | Disability Insurance | | |

Beginning Position: 51 **Data Source:** Claim

| | | | |
|----------------------------|--|--|---|
| Length: | 2 | Type: | Alphanumeric |
| Field 20: | SECONDARY_PAYMENT_SRC | | |
| Description: | Code indicating the expected secondary source of payment. | | |
| Coding Scheme: | Same as field 16, FIRST_PAYMENT_SRC | | |
| Beginning Position: | 53 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 21: | TYPE_OF_BILL | | |
| Description: | Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim. | | |
| Coding Scheme: | <i>1st digit–Type of Facility</i> | <i>2nd digit–Type of Care</i> | <i>3rd digit–Sequence of claim</i> |
| | 1 Hospital | 1 Inpatient, including Medicare Part A | 0 Non-payment/Zero claim |
| | 2 Skilled nursing | 2 Inpatient, Medicare Part B only | 1 Admit through discharge claim |
| | 3 Home health | 3 Outpatient | 2 Interim–first claim |
| | 4 Religious non-medical health care–Hospital | 4 Outpatient Other, Medicare Part B only | 3 Interim–continuing claim |
| | 5 Religious non-medical health care–Extended care | 5 Intermediate Care–Level I | 4 Interim–last claim |
| | 6 Intermediate care | 6 Intermediate Care–Level II | 5 Late charge(s) only claim |
| | 7 Clinic | 7 Sub-acute inpatient – Level III | 6 Adjustment of prior claim (Not used by Medicare) |
| | 8 Special facility | 8 Swing bed | 7 Replacement of prior claim |
| | | | 8 Void/cancel of prior claim |
| Beginning Position: | 55 | Data Source: | Claim |
| Length: | 3 | Type: | Alphanumeric |
| Field 22: | CONDITION_CODE_1 | | |
| | Code describing a condition relating to the claim. | | |
| Coding Scheme: | 01 Military service related | A0 | TRICARE external partnership program |
| | 02 Condition is employment related | A1 | EPSDT/CHAP |
| | 03 Patient covered by insurance not reflected here | A2 | Physically handicapped children's program |
| | 04 Information only bill. | A3 | Special Federal Funding |
| | 05 Lien has been filed | A4 | Family planning |
| | 06 ESRD patient in first 18 months of entitlement covered by EGHP | A5 | Disability |
| | 07 Treatment of non-terminal condition for hospice patient | A6 | Vaccines/Medicare 100% payment |
| | 08 Beneficiary would not provide information concerning other insurance coverage | A9 | Second opinion surgery |
| | 09 Neither patient or spouse is employed | AA | Abortion performed due to rape |
| | 10 Patient and/or spouse is employed but no EGHP exists | AB | Abortion performed due to incest |
| | 11 Disabled beneficiary but no LGHP coverage exists | AC | Abortion performed due to serious fatal genetic defect, deformity, or abnormality |
| | 17 Patient is homeless | AD | Abortion performed due to life endangering physical condition |
| | 18 Maiden name retained | AE | Abortion performed due to physical health of mother that is not life endangering |
| | 19 Child retains mother's name | AF | Abortion performed due to emotional/psychological health of mother |
| | 20 Beneficiary requested billing | AG | Abortion performed due to social or economic reasons |
| | 21 Billing for denial notice | AH | Elective abortion |
| | 22 Patient on multiple drug regimen | AI | Sterilization |
| | 23 Home care giver available | AJ | Payer responsible for co-payment |
| | 24 Home IV patient also receiving HHA services | | |
| | 25 Patient is non-US resident | AK | Air ambulance required |
| | 26 VA eligible patient chooses to receive services in a Medicare certified facility | AL | Specialized treatment/bed unavailable |
| | 27 Patient referred to a sole community hospital for a diagnostic laboratory test | AM | Non-emergency medically necessary stretcher transport required |
| | 28 Patient and/or spouse's EGHP is secondary to Medicare | AN | Pre-admission screening not required |
| | 29 Disabled beneficiary and/or family member's LGHP is secondary to Medicare | B0 | Medicare coordinated care demonstration claim |

| | | | |
|----|---|----|--|
| 30 | Non-research services provided to patients enrolled in a qualified clinical trial | B1 | Beneficiary is ineligible for demonstration program |
| 31 | Patient is student (full time - day) | B4 | Admission unrelated to discharge on same day |
| 32 | Patient is student (cooperative/work study program) | BP | Gulf Oil Spill of 2010 |
| 33 | Patient is student (full time - night) | C1 | Approved as billed |
| 34 | Patient is student (part-time) | C2 | Automatic approval as billed based on focused review |
| 36 | General care patient in a special unit | C3 | Partial approval |
| 37 | Ward accommodation at patient request | C4 | Admission/services denied |
| 38 | Semi-private room not available | C5 | Postpayment review applicable |
| 39 | Private room medically necessary | C6 | Admission Preauthorization |
| 40 | Same day transfer | C7 | Extended Authorization |
| 41 | Partial hospitalization | D0 | Changes to Service Dates |
| 42 | Continuing care not related to inpatient admission | D1 | Changes to Charges |
| 43 | Continuing care not provided within prescribed postdischarge window | D3 | Second or Subsequent Interim PPS Bill |
| 44 | Inpatient admission changed to outpatient | D4 | Change in clinical codes (ICD) for diagnosis and/or procedure codes. |
| 45 | Ambiguous Gender Category | D5 | Cancel to correct Insured's ID or Provider ID |
| 46 | Non-availability statement on file | D6 | Cancel Only to Repay a Duplicate or OIG Overpayment |
| 47 | Transfer from another Home Health Agency | D7 | Change to Make Medicare the Secondary Payer |
| 48 | Psychiatric residential treatment centers for children and adolescents (RTCs) | D8 | Change to Make Medicare the Primary Payer |
| 49 | Product replacement within product lifecycle | D9 | Any Other Change |
| 50 | Product Replacement for Known Recall of a Product | DR | Disaster related |
| 51 | Attestation of Unrelated Outpatient Nondiagnostic Services | E0 | Changes in Patient Status |
| 52 | Out of Hospice Service Area | G0 | Distinct Medical Visit |
| 53 | Initial placement of a medical device provided as part of a clinical trial or a free sample No Skilled Home Health Visits in Billing Period. | H0 | Delayed Filing, Statement of Intent Submitted |
| 54 | Policy Exception Documented at the Home Health Agency | H2 | Discharge by a Hospice Provider for Cause |
| 55 | SNF bed not available | H3 | Reoccurrence of GI Bleed Comorbid Category |
| 56 | Medical appropriateness | H4 | Reoccurrence of Pneumonia Comorbid Category |
| 57 | SNF readmission | H5 | Reoccurrence of Pericarditis Comorbid Category |
| 58 | Terminated Medicare+Choice organization enrollee | P1 | Do not Resuscitate Order (DNR) |
| 59 | Non-primary ESRD facility | P7 | Direct Inpatient Admissin from Emergency Room |
| 60 | Day outlier | R1 | Request for reopening Reason Code - Mathematical or Computational Mistake |
| 61 | Cost outlier | R2 | Request for reopening Reason Code -Inaccurate Data Entry |
| 66 | Provider does not wish cost outlier payment | R3 | Request for reopening Reason Code - Misapplication of a Fee Schedule |
| 67 | Beneficiary elects not to use life time reserve (LTR) days | R4 | Request for reopening Reason Code - Computer Errors |
| 68 | Beneficiary elects to use life time reserve (LTR) days | R5 | Request for reopening Reason Code - Incorrectly Identified Duplicate Claim |
| 69 | IME/DGME/N&AH Payment Only | R6 | Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above |
| 70 | Self-administered anemia management drug | R7 | Request for reopening Reason Code - Corrections other than clerical errors |
| 71 | Full care in unit | R8 | Request for reopening Reason Code - New and Material Evidence |
| 72 | Self care in unit | R9 | Request for reopening Reason Code - Faulty Evidence |
| 73 | Self care training | WO | United Mine Workers of America (UMWA) Demonstration Indicator |
| 74 | Home | W2 | Duplicate of Original Bill |

| | | | |
|----|---|----|------------------|
| 75 | Home - 100% reimbursement | W3 | Level I Appeal |
| 76 | Back-up in facility dialysis | W4 | Level II Appeal |
| 77 | Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment | W5 | Level III Appeal |
| 78 | New coverage not implemented by HMO | | |
| 79 | CORF services provided offsite | | |
| 80 | Home dialysis - nursing facility | | |
| 81 | C-section/Inductions <39 weeks-Medical Necessity | | |
| 82 | C-section/Inductions <39 weeks-Elective | | |
| 83 | C-section/Inductions 39 weeks or greater | | |
| 84 | Dialysis for Acute Kidney Injury (AKI) | | |
| 85 | Delayed Recertification of Hospice Terminal Illness | | |
| 86 | Additional Hemodialysis Treatment with Medical Justification | | |

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 58 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 23: **CONDITION_CODE_2**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 19.

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 60 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 24: **CONDITION_CODE_3**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 19.

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 62 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 25: **CONDITION_CODE_4**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 19.

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 64 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 26: **CONDITION_CODE_5**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 19.

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 66 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 27: **CONDITION_CODE_6**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 19.

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 68 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 28: **CONDITION_CODE_7**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 19.

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 70 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 29: **CONDITION_CODE_8**
Code describing a condition relating to the claim.

Coding Scheme: Same as Field 19.

| | | | |
|----------------------------|----|---------------------|--------------|
| Beginning Position: | 72 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 30: **PAT_REASON_FOR_VISIT**
ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

| | | | |
|----------------------------|---|---------------------|--------------|
| Beginning Position: | 74 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 31: | PRINC_DIAG_CODE ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 81 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 32: | OTH_DIAG_CODE_1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 88 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 33: | OTH_DIAG_CODE_2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 95 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 34: | OTH_DIAG_CODE_3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 102 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 35: | OTH_DIAG_CODE_4 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 109 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 36: | OTH_DIAG_CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 116 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 37: | OTH_DIAG_CODE_6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 123 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 38: | OTH_DIAG_CODE_7 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 130 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 39: | OTH_DIAG_CODE_8 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 137 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 40: | OTH_DIAG_CODE_9 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 144 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 41: | OTH_DIAG_CODE_10 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |

| | | | |
|----------------------------|--|---------------------|--------------|
| Beginning Position: | 151 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 42: | OTH_DIAG_CODE_11 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 158 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 43: | OTH_DIAG_CODE_12 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 165 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 44: | OTH_DIAG_CODE_13 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 172 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 45: | OTH_DIAG_CODE_14 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 179 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 46: | OTH_DIAG_CODE_15 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 186 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 47: | OTH_DIAG_CODE_16 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 193 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 48: | OTH_DIAG_CODE_17 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 200 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 49: | OTH_DIAG_CODE_18 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 207 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 50: | OTH_DIAG_CODE_19 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 214 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 51: | OTH_DIAG_CODE_20 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 221 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 52: | OTH_DIAG_CODE_21 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |

| | | | |
|----------------------------|---|---------------------|--------------|
| Beginning Position: | 228 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 53: | OTH_DIAG_CODE_22 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 235 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 54: | OTH_DIAG_CODE_23 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 242 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 55: | OTH_DIAG_CODE_24 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character. | | |
| Beginning Position: | 249 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 56: | RELATED_CAUSE_CODE_1 Code identifying an accompanying cause of an illness, injury or an accident. | | |
| Coding Scheme: | AA Auto accident AB Abust AP Another party responsible EM Employment OA Other accident | | |
| Beginning Position: | 256 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 57: | RELATED_CAUSE_CODE_2 Code identifying an accompanying cause of an illness, injury or an accident. | | |
| Coding Scheme: | Same as Field 53. | | |
| Beginning Position: | 258 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 58: | RELATED_CAUSE_CODE_3 Code identifying an accompanying cause of an illness, injury or an accident. | | |
| Coding Scheme: | Same as Field 53. | | |
| Beginning Position: | 260 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |
| Field 59: | E_CODE_1 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character. | | |
| Beginning Position: | 262 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 60: | E_CODE_2 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 269 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 61: | E_CODE_3 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 276 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 62: | E_CODE_4 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 283 | Data Source: | Claim |

| | | | |
|----------------------------|--|---------------------|--------------|
| Length: | 7 | Type: | Alphanumeric |
| Field 63: | E_CODE_5 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 290 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 64: | E_CODE_6 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 297 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 65: | E_CODE_7 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 304 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 66: | E_CODE_8 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 311 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 67: | E_CODE_9 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 318 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 68: | E_CODE_10 ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character. | | |
| Beginning Position: | 325 | Data Source: | Claim |
| Length: | 7 | Type: | Alphanumeric |
| Field 69: | PROC_CODE_1 Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 332 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 70: | PROC_CODE_2 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 337 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 71: | PROC_CODE_3 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 342 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 72: | PROC_CODE_4 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 347 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 73: | PROC_CODE_5 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 352 | Data Source: | Claim |

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| Length: | 5 | Type: | Alphanumeric |
| Field 74: | PROC_CODE_6 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 357 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 75: | PROC_CODE_7 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 362 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 76: | PROC_CODE_8 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 367 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 77: | PROC_CODE_9 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 372 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 78: | PROC_CODE_10 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 377 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 79: | PROC_CODE_11 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 382 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 80: | PROC_CODE_12 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 387 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 81: | PROC_CODE_13 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 392 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 82: | PROC_CODE_14 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 397 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 83: | PROC_CODE_15 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 402 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 84: | PROC_CODE_16 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 407 | Data Source: | Claim |

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| Length: | 5 | Type: | Alphanumeric |
| Field 85: | PROC_CODE_17 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 412 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 86: | PROC_CODE_18 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 417 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 87: | PROC_CODE_19 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 422 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 88: | PROC_CODE_20 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 427 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 89: | PROC_CODE_21 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 432 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 90: | PROC_CODE_22 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 437 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 91: | PROC_CODE_23 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 442 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 92: | PROC_CODE_24 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 447 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 93: | PROC_CODE_25 Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code. | | |
| Beginning Position: | 452 | Data Source: | Claim |
| Length: | 5 | Type: | Alphanumeric |
| Field 94: | OTHER_AMOUNT Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 002-099, 22X-24X, 52X-53X, 55X-60X, 64X-70X, 76X-78X, 90X-95X, 99X. | | |
| Beginning Position: | 457 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 95: | PHARM_AMOUNT Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 26X, 63X. | | |

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| Beginning Position: | 469 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 96: | MEDSURG_AMOUNT Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 27X, 62X. | | |
| Beginning Position: | 481 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 97: | DME_AMOUNT Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 290-292, 294-299. | | |
| Beginning Position: | 493 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 98: | USED_DME_AMOUNT Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 293. | | |
| Beginning Position: | 505 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 99: | PT_AMOUNT Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X. | | |
| Beginning Position: | 517 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 100: | OT_AMOUNT Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 42X. | | |
| Beginning Position: | 529 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 101: | SPEECH_AMOUNT Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 44X, 47X. | | |
| Beginning Position: | 541 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 102: | IT_AMOUNT Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 41X, 46X. | | |
| Beginning Position: | 553 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 103: | BLOOD_AMOUNT Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 38X. | | |
| Beginning Position: | 565 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 104: | BLOOD_ADMIN_AMOUNT Ancillary Service Charge. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 39X. | | |
| Beginning Position: | 577 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 105: | OR_AMOUNT | | |

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| | Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 36X, 71X-72X. | | |
| Beginning Position: | 589 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 106: | LITH_AMOUNT Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 79X. | | |
| Beginning Position: | 601 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 107: | CARD_AMOUNT Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 48X, 73X. | | |
| Beginning Position: | 613 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 108: | ANES_AMOUNT Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 37X. | | |
| Beginning Position: | 625 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 109: | LAB_AMOUNT Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 30X-31X, 74X-75X. | | |
| Beginning Position: | 637 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 110: | RAD_AMOUNT Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 28X, 32X-35X, 40X. | | |
| Beginning Position: | 649 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 111: | MRI_AMOUNT Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 61X. | | |
| Beginning Position: | 661 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 112: | OP_AMOUNT Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 49X-50X. | | |
| Beginning Position: | 673 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 113: | ER_AMOUNT Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 45X. | | |
| Beginning Position: | 685 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 114: | AMBULANCE_AMOUNT Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 54X. | | |
| Beginning Position: | 697 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 115: | PRO_FEE_AMOUNT | | |

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| | Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 96X-98X. | | |
| Beginning Position: | 709 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 116: | ORGAN_AMOUNT Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 81X, 89X. | | |
| Beginning Position: | 721 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 117: | ESRD_AMOUNT Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 80X, 82X-88X. | | |
| Beginning Position: | 733 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 118: | CLINIC_AMOUNT Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 51X. | | |
| Beginning Position: | 745 | Data Source: | Calculated |
| Length: | 12 | Type: | Numeric |
| Field 119: | TOTAL_CHARGES Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges. Replaces TOTAL_CHARGES_23. | | |
| Beginning Position: | 757 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 120: | TOTAL_NON_COV_CHARGES Sum of non-covered accommodation charges, non-covered ancillary charges. | | |
| Beginning Position: | 769 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 121: | TOTAL_CHARGES_ANCIL Sum of covered and non-covered ancillary charges. | | |
| Beginning Position: | 781 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 122: | TOTAL_NON_COV_CHARGES_ANCIL Sum of non-covered ancillary charges. | | |
| Beginning Position: | 793 | Data Source: | Claim |
| Length: | 12 | Type: | Numeric |
| Field 123: | PHYSICIAN1_INDEX_NUMBER Uniform identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients. | | |
| Suppression: | Suppressed when the number of physicians reported for a facility or the number of physicians reported for CCS_PROC_CODE_1 for the facility is less than five. | | |
| Coding Scheme: | 9999999998 | Cell size less than 5 | |
| | 9999999999 | Temporary license or license number could not be matched | |
| Beginning Position: | 805 | Data Source: | Assigned |
| Length: | 10 | Type: | Alphanumeric |
| Field 124: | PHYSICIAN2_INDEX_NUMBER | | |

Uniform identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients.

Suppression: Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS_PROC_CODE_1 for a facility is less than five.

Coding Scheme: 9999999998 Cell size less than 5
9999999999 Temporary license or license number could not be matched

Beginning Position: 815 **Data Source:** Assigned

Length: 10 **Type:** Alphanumeric

Field 125: INPUT_FORMAT

Format in which the outpatient data file was submitted by the facility

Coding Scheme: 0 837 Professional
1 837 Institutional

Beginning Position: 825 **Data Source:** Assigned

Length: 1 **Type:** Alphanumeric

Field 126: SOURCE_OF_ADMISSION

Description: Code indicating source of the admission.

Coding Scheme: 1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
2 Clinic or Physician's Office
4 Transfer from a hospital
5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
6 Transfer from another health care facility
8 Court/Law Enforcement
9 Information not available
D Transfer from One distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E Transfer from Ambulatory Surgery Center
F Transfer from a Hospice Facility
, Invalid
If Type of Admission=4 (Newborn)
5 Born inside this hospital
6 Born outside this hospital

Beginning Position: 826 **Data Source:** Claim

Length: 1 **Type:** Alphanumeric

Field 16: PAT_STATUS

Description: Code indicating patient status as of the ending date of service for the period of care reported

Coding Scheme: 1 Discharged to home or self-care (routine discharge)
2 Discharged to other short term general hospital
3 Discharged to skilled nursing facility
4 Discharged to intermediate care facility
5 Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
6 Discharged to care of home health service
7 Left against medical advice
8 Discharged to care of Home IV provider
9 Admitted as inpatient to this hospital
20 Expired
21 Discharged/transferred to Court/Law Enforcement
30 Still patient
40 Expired at home
41 Expired in a medical facility
42 Expired, place unknown
43 Discharged/transferred to federal health care facility
50 Discharged to hospice-home
51 Discharged to hospice-medical facility
61 Discharged/transferred within this institution to Medicare-approved swing bed
62 Discharged/transferred to inpatient rehabilitation facility
63 Discharged/transferred to Medicare-certified long term care hospital
64 Discharged/transferred to Medicaid-certified nursing facility
65 Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
66 Discharged/transferred to Critical Access Hospital (CAH)

- 69 Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
 70 Discharge/transfer to another type of health care institution not defined elsewhere in the code list
 71 Discharged/transferred to other outpatient service
 72 Discharged/transferred to institution outpatient
 81 Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 82 Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 83 Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 84 Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 86 Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 87 Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 88 Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 89 Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 94 Discharged/Transferred To a Critical Access Hospital (CAR) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
 ` Invalid

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| Beginning Position: | 827 | Data Source: | Claim |
| Length: | 2 | Type: | Alphanumeric |

Field 126: PROVIDER_NAME

Description: Name provided by the facility.

Suppression: Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name 'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider Name is blank.

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| Beginning Position: | 829 | Data Source: | Provider |
| Length: | 55 | Type: | Alphanumeric |

CLASSIFICATION DATA FILE

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| Field 1: | RECORD_ID | | |
| Description: | Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | |
| Beginning Position: | 1 | Data Source: | Assigned |
| Length: | 12 | Type: | Alphanumeric |
| Field 2: | CCS_PRIN_DIAG_CODE | | |
| | Clinical Classifications Software (CCS) classification of PRIN_DIAG_CODE into clinically meaningful diagnosis category. | | |
| Beginning Position: | 13 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 3: | CCS_OTH_DIAG_CODE_1 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 17 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 4: | CCS_OTH_DIAG_CODE_2 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 21 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 5: | CCS_OTH_DIAG_CODE_3 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 25 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 6: | CCS_OTH_DIAG_CODE_4 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 29 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 7: | CCS_OTH_DIAG_CODE_5 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 33 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 8: | CCS_OTH_DIAG_CODE_6 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 37 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 9: | CCS_OTH_DIAG_CODE_7 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 41 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 10: | CCS_OTH_DIAG_CODE_8 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 45 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 11: | CCS_OTH_DIAG_CODE_9 | | |
| | Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 49 | Data Source: | Assigned |

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| Length: | 4 | Type: | Alphanumeric |
| Field 12: | CCS_ OTH_DIAG_CODE_10 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 53 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 13: | CCS_ OTH_DIAG_CODE_11 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 57 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 14: | CCS_ OTH_DIAG_CODE_12 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 61 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 15: | CCS_ OTH_DIAG_CODE_13 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 65 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 16: | CCS_ OTH_DIAG_CODE_14 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 69 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 17: | CCS_ OTH_DIAG_CODE_15 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 73 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 18: | CCS_ OTH_DIAG_CODE_16 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 77 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 19: | CCS_ OTH_DIAG_CODE_17 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 81 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 20: | CCS_ OTH_DIAG_CODE_18 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 85 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 21: | CCS_ OTH_DIAG_CODE_19 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 89 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 22: | CCS_ OTH_DIAG_CODE_20 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 93 | Data Source: | Assigned |

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| Length: | 4 | Type: | Alphanumeric |
| Field 23: | CCS_ OTH_DIAG_CODE_21 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 97 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 24: | CCS_ OTH_DIAG_CODE_22 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 101 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 25: | CCS_ OTH_DIAG_CODE_23 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 105 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 26: | CCS_ OTH_DIAG_CODE_24 Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category. | | |
| Beginning Position: | 109 | Data Source: | Assigned |
| Length: | 4 | Type: | Alphanumeric |
| Field 27: | CCS_ PROC_CODE_1 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category. | | |
| Beginning Position: | 113 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 28: | CCS_ PROC_CODE_2 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category. | | |
| Beginning Position: | 116 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 29: | CCS_ PROC_CODE_3 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category. | | |
| Beginning Position: | 119 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 30: | CCS_ PROC_CODE_4 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category. | | |
| Beginning Position: | 122 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 31: | CCS_ PROC_CODE_5 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category. | | |
| Beginning Position: | 125 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 32: | CCS_ PROC_CODE_6 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category. | | |
| Beginning Position: | 128 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 33: | CCS_ PROC_CODE_7 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category. | | |
| Beginning Position: | 131 | Data Source: | Assigned |

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| Length: | 3 | Type: | Alphanumeric |
| Field 34: | CCS_PROC_CODE_8 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category. | | |
| Beginning Position: | 134 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 35: | CCS_PROC_CODE_9 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category. | | |
| Beginning Position: | 137 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 36: | CCS_PROC_CODE_10 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 into clinically meaningful procedure category. | | |
| Beginning Position: | 140 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 37: | CCS_PROC_CODE_11 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category. | | |
| Beginning Position: | 143 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 38: | CCS_PROC_CODE_12 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category. | | |
| Beginning Position: | 146 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 39: | CCS_PROC_CODE_13 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category. | | |
| Beginning Position: | 149 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 40: | CCS_PROC_CODE_14 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category. | | |
| Beginning Position: | 152 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 41: | CCS_PROC_CODE_15 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category. | | |
| Beginning Position: | 155 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 42: | CCS_PROC_CODE_16 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category. | | |
| Beginning Position: | 158 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 43: | CCS_PROC_CODE_17 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category. | | |
| Beginning Position: | 161 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 44: | CCS_PROC_CODE_18 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category. | | |
| Beginning Position: | 164 | Data Source: | Assigned |

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| Length: | 3 | Type: | Alphanumeric |
| Field 45: | CCS_PROC_CODE_19 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category. | | |
| Beginning Position: | 167 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 46: | CCS_PROC_CODE_20 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category. | | |
| Beginning Position: | 170 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 47: | CCS_PROC_CODE_21 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category. | | |
| Beginning Position: | 173 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 48: | CCS_PROC_CODE_22 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 into clinically meaningful procedure category. | | |
| Beginning Position: | 176 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 49: | CCS_PROC_CODE_23 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 into clinically meaningful procedure category. | | |
| Beginning Position: | 179 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 50: | CCS_PROC_CODE_24 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 into clinically meaningful procedure category. | | |
| Beginning Position: | 182 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 51: | CCS_PROC_CODE_25 Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_25 into clinically meaningful procedure category. | | |
| Beginning Position: | 185 | Data Source: | Assigned |
| Length: | 3 | Type: | Alphanumeric |
| Field 52: | EAPG_GRP_VER Enhanced Ambulatory Patient Group Version Number, as assigned by 3M EAPG Grouper | | |
| Beginning Position: | 188 | | |
| Length: | 12 | Type: | Alphanumeric |
| Field 53: | APC_GRP_VER Ambulatory Payment Classification (APC) Version Number as assigned by 3M APC Grouper. Not available 4Q09. | | |
| Beginning Position: | 200 | Data Source: | Assigned |
| Length: | 12 | Type: | Alphanumeric |
| Field 54: | CRG_STATUS_1 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 212 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 55: | CRG_STATUS_2 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 213 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 56: | CRG_STATUS_3 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |

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| Beginning Position: | 214 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 57: | CRG_STATUS_4 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 215 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 58: | CRG_STATUS_5 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 216 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 59: | CRG_STATUS_6 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 217 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 60: | CRG_STATUS_7 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 218 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 61: | CRG_STATUS_8 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 219 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 62: | CRG_STATUS_9 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 220 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 63: | CRG_STATUS_10 Clinical Risk Group (CRG) status code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 221 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 64: | CRG_CODE_1 Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 222 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 65: | CRG_CODE_2 Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 227 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 66: | CRG_CODE_3 Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 232 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 67: | CRG_CODE_4 Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 237 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 68: | CRG_CODE_5 Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 242 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 69: | CRG_CODE_6 Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 247 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 70: | CRG_CODE_7 | | |

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| | Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 252 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 71: | CRG_CODE_8 | | |
| | Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 257 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 72: | CRG_CODE_9 | | |
| | Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 262 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 73: | CRG_CODE_10 | | |
| | Clinical Risk Group (CRG) code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 267 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 74: | CRG_SEVERITY_1 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 272 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 75: | CRG_SEVERITY_2 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 273 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 76: | CRG_SEVERITY_3 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 274 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 77: | CRG_SEVERITY_4 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 275 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 78: | CRG_SEVERITY_5 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 276 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 79: | CRG_SEVERITY_6 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 277 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 80: | CRG_SEVERITY_7 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 278 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 81: | CRG_SEVERITY_8 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 279 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 82: | CRG_SEVERITY_9 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 280 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 83: | CRG_SEVERITY_10 | | |
| | Clinical Risk Group (CRG) severity code as assigned by 3M CRG Grouper. Not available 4Q09. | | |
| Beginning Position: | 281 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |

CHARGES DATA FILE

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| Field 1: | RECORD_ID | | |
| Description: | Record Identification Number. Unique number assigned to identify the record. First available 1 st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's). | | |
| Beginning Position: | 1 | Data Source: | Assigned |
| Length: | 12 | Type: | Alphanumeric |
| Field 2: | REVENUE_CODE | | |
| Description: | Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed. | | |
| Coding Scheme: | 0100 | All-inclusive room charges plus ancillary | 0516 Clinic - urgent care |
| | 0101 | All-inclusive room charges | 0517 Clinic - family practice |
| | 0110 | Room charges for private rooms - general | 0519 Clinic - other |
| | 0111 | Room charges for private rooms - medical/surgical/GYN | 0520 Freestanding Clinic - general |
| | 0112 | Room charges for private rooms - obstetrics | 0521 Freestanding Clinic - Clinic Visit by Member to RHC/FQHC |
| | 0113 | Room charges for private rooms - pediatric | 0522 Freestanding Clinic - Home Visit by RHC/FQHC Practitioner |
| | 0114 | Room charges for private rooms - psychiatric | 0523 Freestanding Clinic - family practice |
| | 0115 | Room charges for private rooms - hospice | 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF |
| | 0116 | Room charges for private rooms - detoxification | 0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility |
| | 0117 | Room charges for private rooms - oncology | 0526 Freestanding Clinic - urgent care |
| | 0118 | Room charges for private rooms - rehabilitation | 0527 Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area |
| | 0119 | Room charges for private rooms - other | 0528 Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident) |
| | 0120 | Room charges for semi-private rooms - general | 0529 Freestanding Clinic - other |
| | 0121 | Room charges for semi-private rooms - medical/surgical/GYN | 0530 Osteopathic service - general |
| | 0122 | Room charges for semi-private rooms - obstetrics | 0531 Osteopathic service - therapy |
| | 0123 | Room charges for semi-private rooms - pediatric | 0539 Osteopathic service - other |
| | 0124 | Room charges for semi-private rooms - psychiatric | 0540 Ambulance service - general |
| | 0125 | Room charges for semi-private rooms - hospice | 0541 Ambulance service - supplies |
| | 0126 | Room charges for semi-private rooms - detoxification | 0542 Ambulance service - medical transport |
| | 0127 | Room charges for semi-private rooms - oncology | 0543 Ambulance service - heart mobile |
| | 0128 | Room charges for semi-private rooms - rehabilitation | 0544 Ambulance service - oxygen |
| | 0129 | Room charges for semi-private rooms - other | 0545 Ambulance service - air ambulance |
| | 0130 | Room charges for semi-private - 3/4 beds - rooms - general | 0546 Ambulance service - neonatal |
| | 0131 | Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN | 0547 Ambulance service - pharmacy |
| | 0132 | Room charges for semi-private - 3/4 beds - rooms - obstetrics | 0548 Ambulance service - telephone transmission EKG |
| | 0133 | Room charges for semi-private - 3/4 beds - rooms - pediatric | 0549 Ambulance service - other |
| | 0134 | Room charges for semi-private - 3/4 beds - rooms - psychiatric | 0550 Skilled nursing - general |
| | 0135 | Room charges for semi-private - 3/4 beds - rooms - hospice | 0551 Skilled nursing - visit charge |
| | 0136 | Room charges for semi-private - 3/4 beds - rooms - detoxification | 0552 Skilled nursing - hourly charge |
| | 0137 | Room charges for semi-private - 3/4 beds - rooms - oncology | 0559 Skilled nursing - other |

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| 0138 | Room charges for semi-private - 3/4 beds - rooms - rehabilitation | 0560 | Medical social services - general |
| 0139 | Room charges for semi-private - 3/4 beds - rooms - other | 0561 | Medical social services - visit charge |
| 0140 | Room charges for private (deluxe) rooms - general | 0562 | Medical social services - hourly charge |
| 0141 | Room charges for private (deluxe) rooms - medical/surgical/GYN | 0569 | Medical social services - other |
| 0142 | Room charges for private (deluxe) rooms - obstetrics | 0570 | Home health aide - general |
| 0143 | Room charges for private (deluxe) rooms - pediatric | 0571 | Home health aide - visit charge |
| 0144 | Room charges for private (deluxe) rooms - psychiatric | 0572 | Home health aide - hourly charge |
| 0145 | Room charges for private (deluxe) rooms - hospice | 0579 | Home health aide - other |
| 0146 | Room charges for private (deluxe) rooms - detoxification | 0580 | Other visits (home health) - general |
| 0147 | Room charges for private (deluxe) rooms - oncology | 0581 | Other visits (home health) - visit charge |
| 0148 | Room charges for private (deluxe) rooms - rehabilitation | 0582 | Other visits (home health) - hourly charge |
| 0149 | Room charges for private (deluxe) rooms - other | 0583 | Other visits (home health) - assessment |
| 0150 | Room charges for ward rooms - general | 0589 | Other visits (home health) - other |
| 0151 | Room charges for ward rooms - medical/surgical/GYN | 0590 | Units of service (home health) - general |
| 0152 | Room charges for ward rooms - obstetrics | 0599 | Units of service (home health) - other |
| 0153 | Room charges for ward rooms - pediatric | 0600 | Oxygen (home health) - general |
| 0154 | Room charges for ward rooms - psychiatric | 0601 | Oxygen (home health) - stat/equip/supply or contents |
| 0155 | Room charges for ward rooms - hospice | 0602 | Oxygen (home health) - stat/equip/supply under 1 liter per minute |
| 0156 | Room charges for ward rooms - detoxification | 0603 | Oxygen (home health) - stat/equip/supply over 4 liters per minute |
| 0157 | Room charges for ward rooms - oncology | 0604 | Oxygen (home health) - portable add-in |
| 0158 | Room charges for ward rooms - rehabilitation | 0610 | MRI - general |
| 0159 | Room charges for ward rooms - other | 0611 | MRI - brain (including brain stem) |
| 0160 | Room charges for other rooms - general | 0612 | MRI - spinal cord (including spine) |
| 0161 | Room charges for other rooms - medical/surgical/GYN | 0619 | MRI - other |
| 0162 | Room charges for other rooms - obstetrics | 0621 | Medical/surgical supplies - incident to radiology |
| 0163 | Room charges for other rooms - pediatric | 0622 | Medical/surgical supplies - incident to other diagnostic services |
| 0164 | Room charges for other rooms - psychiatric | 0623 | Medical/surgical supplies - surgical dressings |
| 0165 | Room charges for other rooms - hospice | 0624 | Medical/surgical supplies - FDA investigational devices |
| 0166 | Room charges for other rooms - detoxification | 0630 | Drugs requiring specific identification - general |
| 0167 | Room charges for other rooms - oncology | 0631 | Drugs requiring specific identification - single source |
| 0168 | Room charges for other rooms - rehabilitation | 0632 | Drugs requiring specific identification - multiple source |
| 0169 | Room charges for other rooms - other | 0633 | Drugs requiring specific identification - restrictive prescription |
| 0170 | Room charges for nursery - general | 0634 | Drugs requiring specific identification - EPO, less than 10,000 units |
| 0171 | Room charges for nursery - newborn level I | 0635 | Drugs requiring specific identification - EPO, 10,000 or more units |
| 0172 | Room charges for nursery - newborn level II | 0636 | Drugs requiring specific identification - requiring detailed coding |
| 0173 | Room charges for nursery - newborn level III | 0637 | Drugs requiring specific identification - self-adminstrable nto requiring detailed coding |
| 0174 | Room charges for nursery - newborn level IV | 0640 | Home IV therapy services - general |
| 0179 | Room charges for nursery - other | 0641 | Home IV therapy services - nonroutine nursing, central line |
| 0180 | Room charges for LOA - general | 0642 | Home IV therapy services - IV site care, central line |

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| 0182 | Room charges for LOA - patient convenience-charges billable | 0643 | Home IV therapy services - IV start/change, peripheral line |
| 0183 | Room charges for LOA - therapeutic leave | 0644 | Home IV therapy services - nonroutine nursing, peripheral line |
| 0184 | Room charges for LOA - ICF mentally retarded - any reason | 0645 | Home IV therapy services - training patient/caregiver, central line |
| 0185 | Room charges for LOA - hospitalization | 0646 | Home IV therapy services - training, disabled patient, central line |
| 0189 | Room charges for LOA - other | 0647 | Home IV therapy services - training, patient/caregiver, peripheral |
| 0190 | Room charges for subacute care - general | 0648 | Home IV therapy services - training, disabled patient, peripheral |
| 0191 | Room charges for subacute care - Level I (skilled care) | 0649 | Home IV therapy services - other |
| 0192 | Room charges for subacute care - Level II (comprehensive care) | 0650 | Hospice services - general |
| 0193 | Room charges for subacute care - Level III (complex care) | 0651 | Hospice services - routine home care |
| 0194 | Room charges for subacute care - Level IV (intensive care) | 0652 | Hospice services - continuous home care |
| 0199 | Room charges for subacute care - other | 0655 | Hospice services - inpatient respite care |
| 0200 | Room charges for intensive care - general | 0656 | Hospice services - general inpatient care (nonrespite) |
| 0201 | Room charges for intensive care - surgical | 0657 | Hospice services - physician services |
| 0202 | Room charges for intensive care - medical | 0658 | Hospice services - room and board - nursing facility |
| 0203 | Room charges for intensive care - pediatric | 0659 | Hospice services - other |
| 0204 | Room charges for intensive care - psychiatric | 0660 | Respite care - general |
| 0206 | Room charges for intensive care - intermediate intensive care unit (ICU) | 0661 | Respite care - hourly charge/skilled nursing |
| 0207 | Room charges for intensive care - burn care | 0662 | Respite care - hourly charge/aide/homemaker/companion |
| 0208 | Room charges for intensive care - trauma | 0663 | Respite care - daily charge |
| 0209 | Room charges for intensive care - other | 0669 | Respite care - other |
| 0210 | Room charges for coronary care - general | 0670 | Outpatient special residence - general |
| 0211 | Room charges for coronary care - myocardial infarction | 0671 | Outpatient special residence - hospital based |
| 0212 | Room charges for coronary care - pulmonary care | 0672 | Outpatient special residence - contracted |
| 0213 | Room charges for coronary care - heart transplant | 0679 | Outpatient special residence - other |
| 0214 | Room charges for coronary care - intermediate coronary care unit (CCU) | 0681 | Trauma response - level I |
| 0219 | Room charges for coronary care - other | 0682 | Trauma response - level II |
| 0220 | Special charges - general | 0683 | Trauma response - level III |
| 0221 | Special charges - admission charge | 0684 | Trauma response - level IV |
| 0222 | Special charges - technical support charge | 0689 | Trauma response - other |
| 0223 | Special charges - UR service charge | 0700 | Cast Room services - general |
| 0224 | Special charges - late discharge, medically necessary | 0709 | Cast Room services - other |
| 0229 | Special charges - other | 0710 | Recovery Room services - general |
| 0230 | Incremental nursing care - general | 0719 | Recovery Room services - other |
| 0231 | Incremental nursing care - nursery | 0720 | Labor/Delivery Room services - general |
| 0232 | Incremental nursing care - OB | 0721 | Labor/Delivery Room services - labor |
| 0233 | Incremental nursing care - ICU (includes transitional care) | 0722 | Labor/Delivery Room services - delivery |
| 0234 | Incremental nursing care - CCU (includes transitional care) | 0723 | Labor/Delivery Room services - circumcision |
| 0235 | Incremental nursing care - hospice | 0724 | Labor/Delivery Room services - birthing center |
| 0239 | Incremental nursing care - other | 0729 | Labor/Delivery Room services - other |
| 0240 | All-inclusive ancillary - general | 0730 | EKG/ECG services - general |
| 0249 | All-inclusive ancillary - other | 0731 | EKG/ECG services - holter monitor |
| 0250 | Pharmacy - general | 0732 | EKG/ECG services - telemetry |
| 0251 | Pharmacy - generic drugs | 0739 | EKG/ECG services - other |

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|------|--|------|--|
| 0252 | Pharmacy - nongeneric drugs | 0740 | EEG services - general |
| 0253 | Pharmacy - take-home drugs | 0749 | EEG services - other |
| 0254 | Pharmacy - drugs incident to other diagnostic services | 0750 | Gastrointestinal services - general |
| 0255 | Pharmacy - drugs incident to radiology | 0759 | Gastrointestinal services - other |
| 0256 | Pharmacy - experimental drugs | 0760 | Treatment or observation room services - general |
| 0257 | Pharmacy - nonprescription | 0761 | Specialty Room - Treatment/ Observation Room - Treatment Room |
| 0258 | Pharmacy - IV solutions | 0762 | Specialty Room - Treatment/ Observation Room - Observation Room |
| 0259 | Pharmacy - other | | |
| 0260 | IV Therapy - general | 0769 | Treatment or observation room services - other |
| 0261 | IV Therapy - infusion pump | 0770 | Preventive care services - general |
| 0262 | IV Therapy - pharmacy services | 0771 | Preventive care services - vaccine administration |
| 0263 | IV Therapy - durg/supply delivery | 0779 | Preventive care services - other |
| 0264 | IV Therapy - supplies | 0780 | Telemedicine services - general |
| 0269 | IV Therapy - other | 0789 | Telemedicine services - other |
| 0270 | Medical surgical supplies and devices - general | 0790 | Lithotripsy services - general |
| 0271 | Medical surgical supplies and devices - nonsterile | 0790 | Extra-corporeal shockwave therapy - general |
| 0272 | Medical surgical supplies and devices - sterile | 0799 | Extra-corporeal shockwave therapy - other |
| 0273 | Medical surgical supplies and devices - take-home | 0799 | Lithotripsy services - other |
| 0274 | Medical surgical supplies and devices - prosthetic/orthotic | 0800 | Inpatient renal dialysis services - general |
| 0275 | Medical surgical supplies and devices - pacemaker | 0801 | Inpatient renal dialysis services - hemodialysis |
| 0276 | Medical surgical supplies and devices - intraocular lens (IOL) | 0802 | Inpatient renal dialysis services - peritoneal (non-CAPD) |
| 0277 | Medical surgical supplies and devices - oxygen - take-home | 0803 | Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD) |
| 0278 | Medical surgical supplies and devices - other implants | 0804 | Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD) |
| 0279 | Medical surgical supplies and devices - other | 0809 | Inpatient renal dialysis services - other |
| 0280 | Oncology - general | 0810 | Organ acquisition - general |
| 0289 | Oncology - other | 0811 | Organ acquisition - living donor |
| 0290 | DME - general | 0812 | Organ acquisition - cadaver donor |
| 0291 | DME - rental | 0813 | Organ acquisition - unknown donor |
| 0292 | DME - purchase of new | 0814 | Organ acquisition - unsuccessful organ search-donor bank charges |
| 0293 | DME - purchase of used | 0819 | Organ acquisition - other donor |
| 0294 | DME - supplies/drugs for DME effectiveness | 0820 | Hemodialysis - outpatient or home - general |
| 0299 | DME - other equipment | 0821 | Hemodialysis - outpatient or home - composite or other rate |
| 0300 | Laboratory - general | 0825 | Hemodialysis - outpatient or home - support services |
| 0301 | Laboratory - chemistry | 0829 | Hemodialysis - outpatient or home - other |
| 0302 | Laboratory - immunology | 0830 | Peritoneal dialysis - outpatient or home - general |
| 0303 | Laboratory - renal patient (home) | 0831 | Peritoneal dialysis - outpatient or home - composite or other rate |
| 0304 | Laboratory - nonroutine dialysis | 0835 | Peritoneal dialysis - outpatient or home - support services |
| 0305 | Laboratory - hematology | 0839 | Peritoneal dialysis - outpatient or home - other |
| 0306 | Laboratory - bacteriology and microbiology | 0840 | CAPD - outpatient or home - general |
| 0307 | Laboratory - urology | 0841 | CAPD - outpatient or home - composite or other rate |
| 0309 | Laboratory - other | 0845 | CAPD - outpatient or home - support services |
| 0310 | Laboratory pathological - general | 0849 | CAPD - outpatient or home - other |
| 0311 | Laboratory pathological - cytology | 0850 | CCPD - outpatient or home - general |
| 0312 | Laboratory pathological - histology | 0851 | CCPD - outpatient or home - composite or other rate |

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| 0313 | Laboratory pathological - biopsy | 0855 | CCPD - outpatient or home - support services |
| 0319 | Laboratory pathological - other | 0859 | CCPD - outpatient or home - other |
| 0320 | Radiology - diagnostic - general | 0880 | Miscellaneous dialysis - general |
| 0321 | Radiology - diagnostic - angiocardiology | 0881 | Miscellaneous dialysis - ultrafiltration |
| 0322 | Radiology - diagnostic - arthrography | 0882 | Miscellaneous dialysis - home aide visit |
| 0323 | Radiology - diagnostic - arteriography | 0889 | Miscellaneous dialysis - other |
| 0324 | Radiology - diagnostic - chest x-ray | 0900 | Behavior health treatments/services - general |
| 0329 | Radiology - diagnostic - other | 0901 | Behavior health treatments/services - electroshock |
| 0330 | Radiology - therapeutic and/or chemotherapy administration - general | 0902 | Behavior health treatments/services - milieu therapy |
| 0331 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected | 0903 | Behavioral health treatments/services - play therapy |
| 0332 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral | 0904 | Behavior health treatments/services - activity therapy |
| 0333 | Radiology - therapeutic and/or chemotherapy administration - radiation therapy | 0905 | Behavior health treatments/services - intensive outpatient services - psychiatric |
| 0335 | Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV | 0906 | Behavior health treatments/services - intensive outpatient services - chemical dependency |
| 0339 | Radiology - therapeutic and/or chemotherapy administration - other | 0907 | Behavior health treatments/services - community behavioral health program |
| 0340 | Nuclear medicine - general | 0909 | Behavior health treatments - other |
| 0341 | Nuclear medicine - diagnostic procedures | 0910 | Reserved |
| 0342 | Nuclear medicine - therapeutic procedures | 0911 | Behavior health treatment/services - rehabilitation |
| 0343 | Nuclear medicine - diagnostic radiopharmaceuticals | 0912 | Behavior health treatment/services - partial hospitalization - less intensive |
| 0344 | Nuclear medicine - therapeutic radiopharmaceuticals | 0913 | Behavior health treatment/services - partial hospitalization - intensive |
| 0349 | Nuclear medicine - other | 0914 | Behavior health treatment/services - individual therapy |
| 0350 | CT scan - general | 0915 | Behavior health treatment/services - group therapy |
| 0351 | CT scan - head | 0916 | Behavior health treatment/services - family therapy |
| 0352 | CT scan - body | 0917 | Behavior health treatment/services - biofeedback |
| 0359 | CT scan - other | 0918 | Behavior health treatment/services - testing |
| 0360 | Operating room services - general | 0919 | Behavior health treatment/services - other |
| 0361 | Operating room services - minor surgery | 0920 | Other diagnostic services - general |
| 0362 | Operating room services - organ transplant other than kidney | 0921 | Other diagnostic services - peripheral vascular lab |
| 0367 | Operating room services - kidney transplant | 0922 | Other diagnostic services - electromyogram |
| 0369 | Operating room services - other | 0923 | Other diagnostic services - pap smear |
| 0370 | Anesthesia - general | 0924 | Other diagnostic services - allergy test |
| 0371 | Anesthesia - incident to radiology | 0925 | Other diagnostic services - pregnancy test |
| 0372 | Anesthesia - incident to other diagnostic services | 0929 | Other diagnostic services - other |
| 0374 | Anesthesia - acupuncture | 0931 | Medical rehabilitation day program - half day |
| 0379 | Anesthesia - other | 0932 | Medical rehabilitation day program - full day |
| 0380 | Blood - general | 0940 | Other therapeutic services - general |
| 0381 | Blood - packed red cells | 0941 | Other therapeutic services - recreational therapy |
| 0382 | Blood - whole blood | 0942 | Other therapeutic services - education/training |
| 0383 | Blood - plasma | 0943 | Other therapeutic services - cardiac rehabilitation |
| 0384 | Blood - platelets | 0944 | Other therapeutic services - drug rehabilitation |
| 0385 | Blood - leukocytes | 0945 | Other therapeutic services - alcohol rehabilitation |
| 0386 | Blood - other components | 0946 | Other therapeutic services - complex medical equipment - routine |
| 0387 | Blood - other derivatives (cryoprecipitates) | 0947 | Other therapeutic services - complex medical equipment - ancillary |
| 0389 | Blood - other | 0949 | Other therapeutic services - other |

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| 0390 | Blood amd blood component administration, storage and processing - general | 0960 | Professional fees - general |
| 0391 | Blood and blood component administration, storage and processing - administration | 0961 | Professional fees - psychiatric |
| 0399 | Blood and blood component administration, storage and processing - other | 0962 | Professional fees - ophthalmology |
| 0400 | Other imaging services - general | 0963 | Professional fees - anesthesiologist (MD) |
| 0401 | Other imaging services - diagnostic mammography | 0964 | Professional fees - anesthetist (CRNA) |
| 0402 | Other imaging services - ultrasound | 0969 | Professional fees - other |
| 0403 | Other imaging services - screening mammography | 0970 | Professional fees - general |
| 0404 | Other imaging services - PET | 0971 | Professional fees - laboratory |
| 0409 | Other imaging services - other | 0972 | Professional fees - radiology - diagnostic |
| 0410 | Respiratory services - general | 0973 | Professional fees - radiology - therapeutic |
| 0412 | Respiratory services - inhalation | 0974 | Professional fees - readiology - nuclear medicine |
| 0413 | Respiratory services - hyperbaric oxygen therapy | 0975 | Professional fees - operating room |
| 0419 | Respiratory services - other | 0976 | Professional fees - respiratory therapy |
| 0420 | Physical therapy - general | 0977 | Professional fees - physical therapy |
| 0421 | Physical therapy - visit charge | 0978 | Professional fees - occupational therapy |
| 0422 | Physical therapy - hourly charge | 0979 | Professional fees - speech therapy |
| 0423 | Physical therapy - group rate | 0980 | Professional fees - general |
| 0424 | Physical therapy - evaluation or reevaluation | 0981 | Professional fees - emergency room |
| 0429 | Physical therapy - other | 0982 | Professional fees - outpatient services |
| 0430 | Occupational therapy - general | 0983 | Professional fees - clinic |
| 0431 | Occupational therapy - visit charge | 0984 | Professional fees - medical social services |
| 0432 | Occupational therapy - hourly charge | 0985 | Professional fees - EKG |
| 0433 | Occupational therapy - group rate | 0986 | Professional fees - EEG |
| 0434 | Occupational therapy - evaluation or reevaluation | 0987 | Professional fees - hospital visit |
| 0439 | Occupational therapy - other | 0988 | Professional fees - consultation |
| 0440 | Speech-language pathology - general | 0989 | Professional fees - private duty nurse |
| 0441 | Speech-language pathology - visit charge | 0990 | Patient convenience items - general |
| 0442 | Speech-language pathology - hourly charge | 0991 | Patient convenience items - cafeteria/guest tray |
| 0443 | Speech-language pathology - group rate | 0992 | Patient convenience items - private linen service |
| 0444 | Speech-language pathology - evaluation or reevaluation | 0993 | Patient convenience items - telephone/telegraph |
| 0449 | Speech-language pathology - other | 0994 | Patient convenience items - TV/radio |
| 0450 | Emergency room - general | 0995 | Patient convenience items - nonpatient room rentals |
| 0451 | Emergency room - EMTALA emergency medical screening services | 0996 | Patient convenience items - late discharge charge |
| 0452 | Emergency room - beyond EMTALA screening | 0997 | Patient convenience items - admission kits |
| 0456 | Emergency room - urgent care | 0998 | Patient convenience items - beauty shop/barber |
| 0459 | Emergency room - other | 0999 | Patient convenience items - other |
| 0460 | Pulmonary function - general | 1000 | Behavior health accommodations - general |
| 0469 | Pulmonary function - other | 1001 | Behavior health accommodations - residential treatment - psychiatric |
| 0470 | Audiology - general | 1002 | Behavior health accommodations - residential treatment - chemical dependency |
| 0471 | Audiology - diagnostic | 1003 | Behavior health accommodations - supervised living |
| 0472 | Audiology - treatment | 1004 | Behavior health accommodations - halfway house |
| 0479 | Audiology - other | 1005 | Behavior health accommodations - group home |
| 0480 | Cardiology - general | 2100 | Alternative therapy services - general |
| 0481 | Cardiology - cardiac cath lab | 2101 | Alternative therapy services - acupuncture |
| 0482 | Cardiology - stress test | 2102 | Alternative therapy services - acupressure |
| 0483 | Cardiology - echocardiology | 2103 | Alternative therapy services - massage |
| 0489 | Cardiology - other | 2104 | Alternative therapy services - reflexology |

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| | 0490 | Ambulatory surgical care - general | 2105 | Alternative therapy services - biofeedback |
| | 0499 | Ambulatory surgical care - other | 2106 | Alternative therapy services - hypnosis |
| | 0500 | Outpatient services - general | 2109 | Alternative therapy services - other |
| | 0509 | Outpatient services - other | 3101 | Adult day care, medical and social - hourly |
| | 0510 | Clinic - general | 3102 | Adult day care, social - hourly |
| | 0511 | Clinic - chronic pain | 3103 | Adult day care, medical and social - daily |
| | 0512 | Clinic - dental | 3104 | Adult day care, social - daily |
| | 0513 | Clinic - psychiatric | 3105 | Adult foster care - daily |
| | 0514 | Clinic - OB/GYN | 3109 | Adult foster care - other |
| | 0515 | Clinic - pediatric | | |
| Beginning Position: | 13 | | Data Source: | Claim |
| Length: | 4 | | Type: | Alphanumeric |
| Field 3: | HCPCS_QUALIFIER | | | |
| Description: | Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE. | | | |
| Beginning Position: | 17 | | Data Source: | Claim |
| Length: | 2 | | Type: | Alphanumeric |
| Field 4 | HCPCS_PROCEDURE_CODE | | | |
| Description: | HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations. | | | |
| Coding Scheme: | See http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp for complete list of Level II HCPCS codes. | | | |
| Beginning Position: | 19 | | Data Source: | Claim |
| Length: | 5 | | Type: | Alphanumeric |
| Field 5: | MODIFIER_1 | | | |
| Description: | Identifies special circumstances related to the performance of the service | | | |
| Coding Scheme: | 0 | No assessment completed | F2 | Left hand, third digit |
| | 1 | Medicare 5 day assessment (full) | F3 | Left hand, fourth digit |
| | 2 | Medicare 30 day assessment (full) | F4 | Left hand, fifth digit |
| | 3 | Medicare 60 day assessment (full) | F5 | Right hand, thumb |
| | 4 | Medicare 90 day assessment (full) | F6 | Right hand, second digit |
| | 7 | Medicare 14 day assessment (comprehensive or full) | F7 | Right hand, third digit |
| | 8 | Other Medicare required assessment (OMRA) | F8 | Right hand, fourth digit |
| | 11 | Admission assessment - Medicare 5 day assessment (comprehensive) | F9 | Right hand, fifth digit |
| | 25 | Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure o | FA | Left hand, thumb |
| | 31 | SCSA or OMRA/Medicare 5 day assessment (replacement) | G1 | Most recent URR of less than 60% |
| | 32 | SCSA or OMRA/Medicare 30 day assessment (replacement) | G2 | Most recent URR of 60% to 64% |
| | 33 | SCSA or OMRA/Medicare 60 day assessment (replacement) | G3 | Most recent URR of 65% to 69.9% |
| | 34 | SCSA or OMRA/Medicare 90 day assessment (replacement) | G4 | Most recent URR of 70% to 74.9% |
| | 37 | SCSA or OMRA/Medicare 14 day assessment (replacement) | G5 | Most recent URR of 75% or greater |
| | 38 | Significant change in status assessment (SCSA) | GN | Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care. |
| | 41 | Significant correction of prior full assessment/Medicare 5 day assessment | GO | Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care. |
| | 42 | Significant correction of prior full assessment/Medicare 30 day assessment | GP | Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care. |
| | 43 | Significant correction of prior full assessment/Medicare 60 day assessment | LC | Left circumflex coronary artery |
| | 44 | Significant correction of prior full assessment/Medicare 90 day assessment | LD | Left anterior descending coronary artery |

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| | 47 | Significant correction of prior full assessment/Medicare 14 day assessment | LT | Left side of the body procedure |
| | 48 | Significant correction of prior full assessment/OMRA or SCSA | QM | Ambulance service provided under arrangement by a provider of services |
| | 50 | Bilateral procedure | QN | Ambulance service furnished directly by a provider of services |
| | 52 | Reduced services | QP | Documentation exists showing that the laboratory test(s) was ordered individually, or as CPT-recognized panel other than profil |
| | 53 | Discontinued procedure | RC | Right coronary artery |
| | 54 | Quarterly review assessment - Medicare 90 assessment (full) | RT | Right side of the body procedure |
| | 58 | Staged or related procedure or service by the same physician during the postoperative period | T1 | Left foot, second digit |
| | 59 | Distinct procedural service | T2 | Left foot, third digit |
| | 76 | Repeat procedure by same physician | T3 | Left foot, fourth digit |
| | 77 | Repeat procedure by another physician | T4 | Left foot, fifth digit |
| | 78 | Return to the operating room for a related procedure during the postoperative period | T5 | Right foot, great toe |
| | 79 | Unrelated procedure of service by the same physician during the postoperative period | T6 | Right foot, second digit |
| | E1 | Upper left eyelid | T7 | Right foot, third digit |
| | E2 | Lower left eyelid | T8 | Right foot, fourth digit |
| | E3 | Upper right eyelid | T9 | Right foot, fifth digit |
| | E4 | Lower right eyelid | TA | Left foot, great toe |
| | F1 | Left hand, second digit | | |
| Beginning Position: | 24 | | Data Source: | Claim |
| Length: | 2 | | Type: | Alphanumeric |
| Field 6: | MODIFIER_2 | | | |
| Description: | Identifies special circumstances related to the performance of the service. | | | |
| Coding Scheme: | Same as Field 5 | | | |
| Beginning Position: | 26 | | Data Source: | Claim |
| Length: | 2 | | Type: | Alphanumeric |
| Field 7: | MODIFIER_3 | | | |
| Description: | Identifies special circumstances related to the performance of the service. | | | |
| Coding Scheme: | Same as Field 5 | | | |
| Beginning Position: | 28 | | Data Source: | Claim |
| Length: | 2 | | Type: | Alphanumeric |
| Field 8: | MODIFIER_4 | | | |
| Description: | Identifies special circumstances related to the performance of the service. | | | |
| Coding Scheme: | Same as Field 5 | | | |
| Beginning Position: | 30 | | Data Source: | Claim |
| Length: | 2 | | Type: | Alphanumeric |
| Field 9: | UNIT_MEASUREMENT_CODE | | | |
| Description: | Code specifying the units in which a value is being expressed. | | | |
| Coding Scheme: | DA | Days | | |
| | F2 | International unit | | |
| | UN | Unit | | |
| Beginning Position: | 32 | | Data Source: | Claim |
| Length: | 2 | | Type: | Alphanumeric |
| Field 10: | UNITS_OF_SERVICE | | | |
| Description: | Numeric value of quantity | | | |
| Beginning Position: | 34 | | Data Source: | Claim |
| Length: | 7 | | Type: | Numeric |
| Field 11: | UNIT_RATE | | | |
| Description: | Rate per unit | | | |
| Beginning Position: | 41 | | Data Source: | Claim |
| Length: | 12 | | Type: | Numeric |
| Field 12: | CHRGs_LINE_ITEM | | | |

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| Description: | Total amount of the charge | Data Source: | Assigned |
| Beginning Position: | 53 | Type: | Numeric |
| Length: | 14 | | |
| Field 13: | CHRGs_NON_COV | | |
| Description: | Total non-covered amount of the charge | Data Source: | Assigned |
| Beginning Position: | 67 | Type: | Numeric |
| Length: | 14 | | |
| Field 14: | FINAL_EAPG_CATEGORY_CODE | | |
| | Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M EAPG Grouper. Not available 4Q09. | | |
| Beginning Position: | 81 | Data Source: | Assigned |
| Length: | 2 | Type: | Alphanumeric |
| Field 15: | FINAL_EAPG_TYPE_CODE | | |
| | Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M EAPG Grouper. Not available 4Q09. | | |
| Beginning Position: | 83 | Data Source: | Assigned |
| Length: | 2 | Type: | Alphanumeric |
| Field 16: | FINAL_EAPG | | |
| | Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M EAPG Grouper. Not available 4Q09. | | |
| Beginning Position: | 85 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 17: | APC_PROCEDURE_CODE | | |
| | Ambulatory Payment Classification (APC) procedure code as assigned by 3M APC Grouper. Not available 4Q09. | | |
| Beginning Position: | 90 | Data Source: | Assigned |
| Length: | 5 | Type: | Alphanumeric |
| Field 18: | APC_PX_STATUS_IND_CODE | | |
| | Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M APC Grouper. Not available 4Q09. | | |
| Beginning Position: | 95 | Data Source: | Assigned |
| Length: | 2 | Type: | Alphanumeric |
| Field 19: | APC_WEIGHT | | |
| | Ambulatory Payment Classification (APC) weighting as assigned by 3M APC Grouper. Not available 4Q09. | | |
| Beginning Position: | 97 | Data Source: | Assigned |
| Length: | 9 | Type: | Alphanumeric |

FACILITY TYPE INDICATOR FILE

Facility type indicators provided by the facilities. Provide the data user with information on the type of facility providing the outpatient service.

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| Field 1: | THCIC_ID | | |
| Description: | Provider ID. Unique identifier assigned to the provider by DSHS. | | |
| Beginning Position: | 1 | Data Source: | Assigned |
| Length: | 6 | Type: | Alphanumeric |
| Field 2: | PROVIDER_NAME | | |
| Description: | Hospital name provided by the hospital. | | |
| Beginning Position: | 7 | Data Source: | Provider |
| Length: | 55 | Type: | Alphanumeric |
| Field 3: | FAC_TEACHING_IND | | |
| Description: | Teaching facility indicator. | | |
| Coding Scheme: | A Member, Council of Teaching Hospitals X Other teaching facility | | |
| Beginning Position: | 62 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 4: | FAC_PSYCH_IND | | |
| Description: | Psychiatric facility indicator. | | |
| Beginning Position: | 63 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 5: | FAC_REHAB_IND | | |
| Description: | Rehabilitation facility indicator. | | |
| Beginning Position: | 64 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 6: | FAC_ACUTE_CARE_IND | | |
| Description: | Acute care facility indicator. | | |
| Beginning Position: | 65 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 7: | FAC_SNF_IND | | |
| Description: | Skilled nursing facility indicator. | | |
| Beginning Position: | 66 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 8: | FAC_LONG_TERM_AC_IND | | |
| Description: | Long term acute care facility indicator. | | |
| Beginning Position: | 67 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 9: | FAC_OTHER_LTC_IND | | |
| Description: | Other long term care facility indicator. | | |
| Beginning Position: | 68 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 10: | FAC_PEDS_IND | | |
| Description: | Pediatric facility Indicator. | | |
| Coding Scheme: | C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities that also treat children | | |
| Beginning Position: | 69 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 11: | FAC_CARDIOVASCULAR_IND | | |
| Description: | Cardiovascular facility indicator. | | |
| Beginning Position: | 70 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 12: | FAC_CHIROPRACTIC_IND | | |
| Description: | Chiropractic care facility indicator. | | |

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| Beginning Position: | 71 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 13: | FAC_ENDOSCOPY_IND | | |
| Description: | Endoscopy facility indicator. | | |
| Beginning Position: | 72 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 14: | FAC_FOOT_IND | | |
| Description: | Foot care facility indicator. | | |
| Beginning Position: | 73 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 15: | FAC_GASTROENTEROLOGY_IND | | |
| Description: | Gastroenterology facility indicator. | | |
| Beginning Position: | 74 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 16: | FAC_GENERAL_IND | | |
| Description: | General care facility indicator. | | |
| Beginning Position: | 75 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 17: | FAC_NEUROLOGICAL_IND | | |
| Description: | Neurological care facility indicator. | | |
| Beginning Position: | 76 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 18: | FAC_OB_GYN_IND | | |
| Description: | Obstetric and gynecology facility indicator. | | |
| Beginning Position: | 77 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 19: | FAC_OPHTHAMOLOGY_IND | | |
| Description: | Ophthalmology facility indicator. | | |
| Beginning Position: | 78 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 20: | FAC_ORAL_IND | | |
| Description: | Oral health care facility indicator. | | |
| Beginning Position: | 79 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 21: | FAC_ORTHOPEDIC_IND | | |
| Description: | Orthopedic care facility indicator. | | |
| Beginning Position: | 80 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 22: | FAC_OTOLARYNGOLOGY_IND | | |
| Description: | Otolaryngology facility indicator. | | |
| Beginning Position: | 81 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 23: | FAC_PAIN_MNGMT_IND | | |
| Description: | Pain management facility indicator. | | |
| Beginning Position: | 82 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 24: | FAC_PLASTIC_IND | | |
| Description: | Plastic surgery facility indicator. | | |
| Beginning Position: | 83 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 25: | FAC_THORACIC_IND | | |
| Description: | Thoracic care facility Indicator. | | |
| Beginning Position: | 84 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 26: | FAC_UROLOGY_IND | | |

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| Description: | Urology care facility indicator. | | |
| Beginning Position: | 85 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 27: | FAC_OTHER_IND | | |
| Description: | Other facility indicator. | | |
| Beginning Position: | 86 | Data Source: | Provider |
| Length: | 1 | Type: | Alphanumeric |
| Field 11: | POA_PROVIDER_INDICATOR | | |
| | Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC §421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals , Inpatient Psychiatric Hospitals, Cancer Hospitals ,Children's or Pediatric Hospitals and Long Term Care Hospitals. | | |
| Coding Scheme: | M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt ` Invalid | | |
| Beginning Position: | 87 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |
| Field 122: | CERT_STATUS | | |
| | Assignment of a code to indicate the certification of data and submission of comments by the facility. First available 3 rd quarter 1999. | | |
| Coding Scheme: | 1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Facility elected not to certify 5 Facility closed, data not certified 6 Facility out of compliance, did not certify data | | |
| Beginning Position: | 88 | Data Source: | Assigned |
| Length: | 1 | Type: | Alphanumeric |



Texas Outpatient Services Data Public Use Data File

Base Data File
Classifications Data File
Charges Data File
Facility Indicators Data File

DATA FIELD TABLES

BASE DATA FILE

| Number | Field Name | Position | Length | Field Type |
|--------|---|----------|--------|--------------|
| 1 | SERVICE_QUARTER | 1 | 6 | Alphanumeric |
| 2 | RECORD_ID- Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's) | 7 | 12 | Alphanumeric |
| 3 | THCIC_ID | 19 | 6 | Alphanumeric |
| 4 | SPEC_UNIT_1 | 25 | 1 | Alphanumeric |
| 5 | SPEC_UNIT_2 | 26 | 1 | Alphanumeric |
| 6 | SPEC_UNIT_3 | 27 | 1 | Alphanumeric |
| 7 | SPEC_UNIT_4 | 28 | 1 | Alphanumeric |
| 8 | SPEC_UNIT_5 | 29 | 1 | Alphanumeric |
| 9 | SEX_CODE | 30 | 1 | Alphanumeric |
| 10 | PAT_COUNTY | 31 | 3 | Alphanumeric |
| 11 | PAT_STATE | 34 | 2 | Alphanumeric |
| 12 | PAT_ZIP | 36 | 5 | Alphanumeric |
| 13 | PAT_COUNTRY | 41 | 2 | Alphanumeric |
| 14 | PUBLIC_HEALTH_REGION | 43 | 2 | Alphanumeric |
| 15 | LENGTH_OF_SERVICE | 45 | 2 | Alphanumeric |
| 16 | PAT_AGE | 47 | 2 | Alphanumeric |
| 17 | RACE | 49 | 1 | Alphanumeric |
| 18 | ETHNICITY | 50 | 1 | Alphanumeric |
| 19 | FIRST_PAYMENT_SRC | 51 | 2 | Alphanumeric |
| 20 | SECONDARY_PAYMENT_SRC | 53 | 2 | Alphanumeric |
| 21 | TYPE_OF_BILL | 55 | 3 | Alphanumeric |
| 22 | CONDITION_CODE_1 | 58 | 2 | Alphanumeric |
| 23 | CONDITION_CODE_2 | 60 | 2 | Alphanumeric |
| 24 | CONDITION_CODE_3 | 62 | 2 | Alphanumeric |
| 25 | CONDITION_CODE_4 | 64 | 2 | Alphanumeric |
| 26 | CONDITION_CODE_5 | 66 | 2 | Alphanumeric |
| 27 | CONDITION_CODE_6 | 68 | 2 | Alphanumeric |
| 28 | CONDITION_CODE_7 | 70 | 2 | Alphanumeric |

| Number | Field Name | Position | Length | Field Type |
|--------|----------------------|----------|--------|--------------|
| 29 | CONDITION_CODE_8 | 72 | 2 | Alphanumeric |
| 30 | PAT_REASON_FOR_VISIT | 74 | 7 | Alphanumeric |
| 31 | PRINC_DIAG_CODE | 81 | 7 | Alphanumeric |
| 32 | OTH_DIAG_CODE_1 | 88 | 7 | Alphanumeric |
| 33 | OTH_DIAG_CODE_2 | 95 | 7 | Alphanumeric |
| 34 | OTH_DIAG_CODE_3 | 102 | 7 | Alphanumeric |
| 35 | OTH_DIAG_CODE_4 | 109 | 7 | Alphanumeric |
| 36 | OTH_DIAG_CODE_5 | 116 | 7 | Alphanumeric |
| 37 | OTH_DIAG_CODE_6 | 123 | 7 | Alphanumeric |
| 38 | OTH_DIAG_CODE_7 | 130 | 7 | Alphanumeric |
| 39 | OTH_DIAG_CODE_8 | 137 | 7 | Alphanumeric |
| 40 | OTH_DIAG_CODE_9 | 144 | 7 | Alphanumeric |
| 41 | OTH_DIAG_CODE_10 | 151 | 7 | Alphanumeric |
| 42 | OTH_DIAG_CODE_11 | 158 | 7 | Alphanumeric |
| 43 | OTH_DIAG_CODE_12 | 165 | 7 | Alphanumeric |
| 44 | OTH_DIAG_CODE_13 | 172 | 7 | Alphanumeric |
| 45 | OTH_DIAG_CODE_14 | 179 | 7 | Alphanumeric |
| 46 | OTH_DIAG_CODE_15 | 186 | 7 | Alphanumeric |
| 47 | OTH_DIAG_CODE_16 | 193 | 7 | Alphanumeric |
| 48 | OTH_DIAG_CODE_17 | 200 | 7 | Alphanumeric |
| 49 | OTH_DIAG_CODE_18 | 207 | 7 | Alphanumeric |
| 50 | OTH_DIAG_CODE_19 | 214 | 7 | Alphanumeric |
| 51 | OTH_DIAG_CODE_20 | 221 | 7 | Alphanumeric |
| 52 | OTH_DIAG_CODE_21 | 228 | 7 | Alphanumeric |
| 53 | OTH_DIAG_CODE_22 | 235 | 7 | Alphanumeric |
| 54 | OTH_DIAG_CODE_23 | 242 | 7 | Alphanumeric |
| 55 | OTH_DIAG_CODE_24 | 249 | 7 | Alphanumeric |
| 56 | RELATED_CAUSE_CODE_1 | 256 | 2 | Alphanumeric |
| 57 | RELATED_CAUSE_CODE_2 | 258 | 2 | Alphanumeric |
| 58 | RELATED_CAUSE_CODE_3 | 260 | 2 | Alphanumeric |
| 59 | E_CODE_1 | 262 | 7 | Alphanumeric |
| 60 | E_CODE_2 | 269 | 7 | Alphanumeric |
| 61 | E_CODE_3 | 276 | 7 | Alphanumeric |
| 62 | E_CODE_4 | 283 | 7 | Alphanumeric |
| 63 | E_CODE_5 | 290 | 7 | Alphanumeric |
| 64 | E_CODE_6 | 297 | 7 | Alphanumeric |
| 65 | E_CODE_7 | 304 | 7 | Alphanumeric |
| 66 | E_CODE_8 | 311 | 7 | Alphanumeric |
| 67 | E_CODE_9 | 318 | 7 | Alphanumeric |
| 68 | E_CODE_10 | 325 | 7 | Alphanumeric |

| Number | Field Name | Position | Length | Field Type |
|--------|------------------|----------|--------|--------------|
| 69 | PROC_CODE_1 | 332 | 5 | Alphanumeric |
| 70 | PROC_CODE_2 | 337 | 5 | Alphanumeric |
| 71 | PROC_CODE_3 | 342 | 5 | Alphanumeric |
| 72 | PROC_CODE_4 | 347 | 5 | Alphanumeric |
| 73 | PROC_CODE_5 | 352 | 5 | Alphanumeric |
| 74 | PROC_CODE_6 | 357 | 5 | Alphanumeric |
| 75 | PROC_CODE_7 | 362 | 5 | Alphanumeric |
| 76 | PROC_CODE_8 | 367 | 5 | Alphanumeric |
| 77 | PROC_CODE_9 | 372 | 5 | Alphanumeric |
| 78 | PROC_CODE_10 | 377 | 5 | Alphanumeric |
| 79 | PROC_CODE_11 | 382 | 5 | Alphanumeric |
| 80 | PROC_CODE_12 | 387 | 5 | Alphanumeric |
| 81 | PROC_CODE_13 | 392 | 5 | Alphanumeric |
| 82 | PROC_CODE_14 | 397 | 5 | Alphanumeric |
| 83 | PROC_CODE_15 | 402 | 5 | Alphanumeric |
| 84 | PROC_CODE_16 | 407 | 5 | Alphanumeric |
| 85 | PROC_CODE_17 | 412 | 5 | Alphanumeric |
| 86 | PROC_CODE_18 | 417 | 5 | Alphanumeric |
| 87 | PROC_CODE_19 | 422 | 5 | Alphanumeric |
| 88 | PROC_CODE_20 | 427 | 5 | Alphanumeric |
| 89 | PROC_CODE_21 | 432 | 5 | Alphanumeric |
| 90 | PROC_CODE_22 | 437 | 5 | Alphanumeric |
| 91 | PROC_CODE_23 | 442 | 5 | Alphanumeric |
| 92 | PROC_CODE_24 | 447 | 5 | Alphanumeric |
| 93 | PROC_CODE_25 | 452 | 5 | Alphanumeric |
| 94 | OTHER_AMOUNT | 457 | 12 | Numeric |
| 95 | PHARM_AMOUNT | 469 | 12 | Numeric |
| 96 | MEDSURG_AMOUNT | 481 | 12 | Numeric |
| 97 | DME_AMOUNT | 493 | 12 | Numeric |
| 98 | USED_DME_AMOUNT | 505 | 12 | Numeric |
| 99 | PT_AMOUNT | 517 | 12 | Numeric |
| 100 | OT_AMOUNT | 529 | 12 | Numeric |
| 101 | SPEECH_AMOUNT | 541 | 12 | Numeric |
| 102 | IT_AMOUNT | 553 | 12 | Numeric |
| 103 | BLOOD_AMOUNT | 565 | 12 | Numeric |
| 104 | BLOOD_ADM_AMOUNT | 577 | 12 | Numeric |
| 105 | OR_AMOUNT | 589 | 12 | Numeric |
| 106 | LITH_AMOUNT | 601 | 12 | Numeric |
| 107 | CARD_AMOUNT | 613 | 12 | Numeric |
| 108 | ANES_AMOUNT | 625 | 12 | Numeric |

| Number | Field Name | Position | Length | Field Type |
|--------|-----------------------------|----------|--------|--------------|
| 109 | LAB_AMOUNT | 637 | 12 | Numeric |
| 110 | RAD_AMOUNT | 649 | 12 | Numeric |
| 111 | MRI_AMOUNT | 661 | 12 | Numeric |
| 112 | OP_AMOUNT | 673 | 12 | Numeric |
| 113 | ER_AMOUNT | 685 | 12 | Numeric |
| 114 | AMBULANCE_AMOUNT | 697 | 12 | Numeric |
| 115 | PRO_FEE_AMOUNT | 709 | 12 | Numeric |
| 116 | ORGAN_AMOUNT | 721 | 12 | Numeric |
| 117 | ESRD_AMOUNT | 733 | 12 | Numeric |
| 118 | CLINIC_AMOUNT | 745 | 12 | Numeric |
| 119 | TOTAL_CHARGES | 757 | 12 | Numeric |
| 120 | TOTAL_NON_COV_CHARGES | 769 | 12 | Numeric |
| 121 | TOTAL_CHARGES_ANCIL | 781 | 12 | Numeric |
| 122 | TOTAL_NON_COV_CHARGES_ANCIL | 793 | 12 | Numeric |
| 123 | PHYSICIAN1_INDEX_NUMBER | 805 | 10 | Alphanumeric |
| 124 | PHYSICIAN2_INDEX_NUMBER | 815 | 10 | Alphanumeric |
| 125 | INPUT_FORMAT | 825 | 1 | Alphanumeric |
| 126 | SOURCE_OF_ADMISSION | 826 | 1 | Alphanumeric |
| 127 | PAT_STATUS | 827 | 2 | Alphanumeric |
| 128 | PROVIDER_NAME | 829 | 55 | Alphanumeric |
| | Record_Length | | 883 | |

CLASSIFICATION DATA FILE

| Number | Field Name | Position | Length | Field Type |
|---------------|---|-----------------|---------------|-------------------|
| 1 | RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's) | 1 | 12 | Alphanumeric |
| 2 | CCS_PRINC_DIAG_CODE | 13 | 4 | Alphanumeric |
| 3 | CCS_OTH_DIAG_CODE_1 | 17 | 4 | Alphanumeric |
| 4 | CCS_OTH_DIAG_CODE_2 | 21 | 4 | Alphanumeric |
| 5 | CCS_OTH_DIAG_CODE_3 | 25 | 4 | Alphanumeric |
| 6 | CCS_OTH_DIAG_CODE_4 | 29 | 4 | Alphanumeric |
| 7 | CCS_OTH_DIAG_CODE_5 | 33 | 4 | Alphanumeric |
| 8 | CCS_OTH_DIAG_CODE_6 | 37 | 4 | Alphanumeric |
| 9 | CCS_OTH_DIAG_CODE_7 | 41 | 4 | Alphanumeric |
| 10 | CCS_OTH_DIAG_CODE_8 | 45 | 4 | Alphanumeric |
| 11 | CCS_OTH_DIAG_CODE_9 | 49 | 4 | Alphanumeric |
| 12 | CCS_OTH_DIAG_CODE_10 | 53 | 4 | Alphanumeric |
| 13 | CCS_OTH_DIAG_CODE_11 | 57 | 4 | Alphanumeric |
| 14 | CCS_OTH_DIAG_CODE_12 | 61 | 4 | Alphanumeric |
| 15 | CCS_OTH_DIAG_CODE_13 | 65 | 4 | Alphanumeric |
| 16 | CCS_OTH_DIAG_CODE_14 | 69 | 4 | Alphanumeric |
| 17 | CCS_OTH_DIAG_CODE_15 | 73 | 4 | Alphanumeric |
| 18 | CCS_OTH_DIAG_CODE_16 | 77 | 4 | Alphanumeric |
| 19 | CCS_OTH_DIAG_CODE_17 | 81 | 4 | Alphanumeric |
| 20 | CCS_OTH_DIAG_CODE_18 | 85 | 4 | Alphanumeric |
| 21 | CCS_OTH_DIAG_CODE_19 | 89 | 4 | Alphanumeric |
| 22 | CCS_OTH_DIAG_CODE_20 | 93 | 4 | Alphanumeric |
| 23 | CCS_OTH_DIAG_CODE_21 | 97 | 4 | Alphanumeric |
| 24 | CCS_OTH_DIAG_CODE_22 | 101 | 4 | Alphanumeric |
| 25 | CCS_OTH_DIAG_CODE_23 | 105 | 4 | Alphanumeric |
| 26 | CCS_OTH_DIAG_CODE_24 | 109 | 4 | Alphanumeric |
| 27 | CCS_PROC_CODE_1 | 113 | 3 | Alphanumeric |
| 28 | CCS_PROC_CODE_2 | 116 | 3 | Alphanumeric |
| 29 | CCS_PROC_CODE_3 | 119 | 3 | Alphanumeric |
| 30 | CCS_PROC_CODE_4 | 122 | 3 | Alphanumeric |
| 31 | CCS_PROC_CODE_5 | 125 | 3 | Alphanumeric |
| 32 | CCS_PROC_CODE_6 | 128 | 3 | Alphanumeric |
| 33 | CCS_PROC_CODE_7 | 131 | 3 | Alphanumeric |
| 34 | CCS_PROC_CODE_8 | 134 | 3 | Alphanumeric |
| 35 | CCS_PROC_CODE_9 | 137 | 3 | Alphanumeric |
| 36 | CCS_PROC_CODE_10 | 140 | 3 | Alphanumeric |

| Number | Field Name | Position | Length | Field Type |
|--------|------------------|----------|--------|--------------|
| 37 | CCS_PROC_CODE_11 | 143 | 3 | Alphanumeric |
| 38 | CCS_PROC_CODE_12 | 146 | 3 | Alphanumeric |
| 39 | CCS_PROC_CODE_13 | 149 | 3 | Alphanumeric |
| 40 | CCS_PROC_CODE_14 | 152 | 3 | Alphanumeric |
| 41 | CCS_PROC_CODE_15 | 155 | 3 | Alphanumeric |
| 42 | CCS_PROC_CODE_16 | 158 | 3 | Alphanumeric |
| 43 | CCS_PROC_CODE_17 | 161 | 3 | Alphanumeric |
| 44 | CCS_PROC_CODE_18 | 164 | 3 | Alphanumeric |
| 45 | CCS_PROC_CODE_19 | 167 | 3 | Alphanumeric |
| 46 | CCS_PROC_CODE_20 | 170 | 3 | Alphanumeric |
| 47 | CCS_PROC_CODE_21 | 173 | 3 | Alphanumeric |
| 48 | CCS_PROC_CODE_22 | 176 | 3 | Alphanumeric |
| 49 | CCS_PROC_CODE_23 | 179 | 3 | Alphanumeric |
| 50 | CCS_PROC_CODE_24 | 182 | 3 | Alphanumeric |
| 51 | CCS_PROC_CODE_25 | 185 | 3 | Alphanumeric |
| 52 | EAPG_GRP_VER | 188 | 12 | Alphanumeric |
| 53 | APC_GRP_VER | 200 | 12 | Alphanumeric |
| 54 | CRG_STATUS_1 | 212 | 1 | Alphanumeric |
| 55 | CRG_STATUS_2 | 213 | 1 | Alphanumeric |
| 56 | CRG_STATUS_3 | 214 | 1 | Alphanumeric |
| 57 | CRG_STATUS_4 | 215 | 1 | Alphanumeric |
| 58 | CRG_STATUS_5 | 216 | 1 | Alphanumeric |
| 59 | CRG_STATUS_6 | 217 | 1 | Alphanumeric |
| 60 | CRG_STATUS_7 | 218 | 1 | Alphanumeric |
| 61 | CRG_STATUS_8 | 219 | 1 | Alphanumeric |
| 62 | CRG_STATUS_9 | 220 | 1 | Alphanumeric |
| 63 | CRG_STATUS_10 | 221 | 1 | Alphanumeric |
| 64 | CRG_CODE_1 | 222 | 5 | Alphanumeric |
| 65 | CRG_CODE_2 | 227 | 5 | Alphanumeric |
| 66 | CRG_CODE_3 | 232 | 5 | Alphanumeric |
| 67 | CRG_CODE_4 | 237 | 5 | Alphanumeric |
| 68 | CRG_CODE_5 | 242 | 5 | Alphanumeric |
| 69 | CRG_CODE_6 | 247 | 5 | Alphanumeric |
| 70 | CRG_CODE_7 | 252 | 5 | Alphanumeric |
| 71 | CRG_CODE_8 | 257 | 5 | Alphanumeric |
| 72 | CRG_CODE_9 | 262 | 5 | Alphanumeric |
| 73 | CRG_CODE_10 | 267 | 5 | Alphanumeric |
| 74 | CRG_SEVERITY_1 | 272 | 1 | Alphanumeric |
| 75 | CRG_SEVERITY_2 | 273 | 1 | Alphanumeric |
| 76 | CRG_SEVERITY_3 | 274 | 1 | Alphanumeric |

| Number | Field Name | Position | Length | Field Type |
|--------|----------------------|----------|--------|--------------|
| 77 | CRG_SEVERITY_4 | 275 | 1 | Alphanumeric |
| 78 | CRG_SEVERITY_5 | 276 | 1 | Alphanumeric |
| 79 | CRG_SEVERITY_6 | 277 | 1 | Alphanumeric |
| 80 | CRG_SEVERITY_7 | 278 | 1 | Alphanumeric |
| 81 | CRG_SEVERITY_8 | 279 | 1 | Alphanumeric |
| 82 | CRG_SEVERITY_9 | 280 | 1 | Alphanumeric |
| 83 | CRG_SEVERITY_10 | 281 | 1 | Alphanumeric |
| | Record_Length | | 281 | |

CHARGES DATA FILE

| Number | Field Name | Position | Length | Field Type |
|--------|---|----------|--------|--------------|
| 1 | RECORD_ID - Does NOT match the THCIC RECORD_ID in Research Data Files (RDF's) | 1 | 12 | Alphanumeric |
| 2 | REVENUE_CODE | 13 | 4 | Alphanumeric |
| 3 | HCPCS_QUALIFIER | 17 | 2 | Alphanumeric |
| 4 | HCPCS_PROCEDURE_CODE | 19 | 5 | Alphanumeric |
| 5 | MODIFIER_1 | 24 | 2 | Alphanumeric |
| 6 | MODIFIER_2 | 26 | 2 | Alphanumeric |
| 7 | MODIFIER_3 | 28 | 2 | Alphanumeric |
| 8 | MODIFIER_4 | 30 | 2 | Alphanumeric |
| 9 | UNIT_MEASUREMENT_CODE | 32 | 2 | Alphanumeric |
| 10 | UNITS_OF_SERVICE | 34 | 7 | Numeric |
| 11 | UNIT_RATE | 41 | 12 | Numeric |
| 12 | CHRG_LINE_ITEM | 53 | 14 | Numeric |
| 13 | CHRG_NON_COV | 67 | 14 | Numeric |
| 14 | FINAL_EAPG_CATEGORY_CODE | 81 | 2 | Alphanumeric |
| 15 | FINAL_EAPG_TYPE_CODE | 83 | 2 | Alphanumeric |
| 16 | FINAL_EAPG | 85 | 5 | Alphanumeric |
| 17 | APC_PROCEDURE_CODE | 90 | 5 | Alphanumeric |
| 18 | APC_PX_STATUS_IND_CODE | 95 | 2 | Alphanumeric |
| 19 | APC_WEIGHT | 97 | 9 | Alphanumeric |
| | Record_Length | | 105 | |

FACILITY TYPE DATA FILE

| Number | Field Name | Position | Length | Field Type |
|---------------|--------------------------|-----------------|---------------|-------------------|
| 1 | THCIC_ID | 1 | 6 | Alphanumeric |
| 2 | PROVIDER_NAME | 7 | 55 | Alphanumeric |
| 3 | FAC_TEACHING_IND | 62 | 1 | Alphanumeric |
| 4 | FAC_PSYCH_IND | 63 | 1 | Alphanumeric |
| 5 | FAC_REHAB_IND | 64 | 1 | Alphanumeric |
| 6 | FAC_ACUTE_CARE_IND | 65 | 1 | Alphanumeric |
| 7 | FAC_SNF_IND | 66 | 1 | Alphanumeric |
| 8 | FAC_LONG_TERM_AC_IND | 67 | 1 | Alphanumeric |
| 9 | FAC_OTHER_LTC_IND | 68 | 1 | Alphanumeric |
| 10 | FAC_PEDS_IND | 69 | 1 | Alphanumeric |
| 11 | FAC_CARDIOVASCULAR_IND | 70 | 1 | Alphanumeric |
| 12 | FAC_CHIROPRACTIC_IND | 71 | 1 | Alphanumeric |
| 13 | FAC_ENDOSCOPY_IND | 72 | 1 | Alphanumeric |
| 14 | FAC_FOOT_IND | 73 | 1 | Alphanumeric |
| 15 | FAC_GASTROENTEROLOGY_IND | 74 | 1 | Alphanumeric |
| 16 | FAC_GENERAL_IND | 75 | 1 | Alphanumeric |
| 17 | FAC_NEUROLOGICAL_IND | 76 | 1 | Alphanumeric |
| 18 | FAC_OB_GYN_IND | 77 | 1 | Alphanumeric |
| 19 | FAC_OPHTHAMOLOGY_IND | 78 | 1 | Alphanumeric |
| 20 | FAC_ORAL_IND | 79 | 1 | Alphanumeric |
| 21 | FAC_ORTHOPEDIC_IND | 80 | 1 | Alphanumeric |
| 22 | FAC_OTOLARYNGOLOGY_IND | 81 | 1 | Alphanumeric |
| 23 | FAC_PAIN_MNGMT_IND | 82 | 1 | Alphanumeric |
| 24 | FAC_PLASTIC_IND | 83 | 1 | Alphanumeric |
| 25 | FAC_THORACIC_IND | 84 | 1 | Alphanumeric |
| 26 | FAC_UROLOGY_IND | 85 | 1 | Alphanumeric |
| 27 | FAC_OTHER_IND | 86 | 1 | Alphanumeric |
| 28 | POA_PROVIDER_INDICATOR | 87 | 1 | Alphanumeric |
| 29 | CERT_STATUS | 88 | 1 | Alphanumeric |
| | Record Length | | 88 | |